03/14/2006 13:06

Image# 26970118102

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) 655 Beach Street ADDRESS (number and street) Check if different than previously San Francisco CA 94109 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00196246 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 09 0 1 2005 09 30 2005 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Benjamin Bank Type or Print Name of Treasurer Electronically Filed by Benjamin Bank 03 13 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
Cash on Hand January 1  Yes 2005		313215.30
Cash on Hand at Begining of Reporting Period	282862.45	
Total Receipts (from Line 19)	103663.95	389169.58
Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	386526.40	702384.88
al Disbursements (from Line 31)	52986.40	368844.88
-	333540.00	333540.00
ots and Obligations owed TO		
· · · · · · · · · · · · · · · · · · ·	0.00	
ots and Obligations owed BY		
`	0.00	
	Cash on Hand at Begining of Reporting Period	Cash on Hand at Begining of Reporting Period

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

м м 0 9

Report Covering the Period:

From:

01

2005

To:

м м 0 9 <sup>D</sup> 3 0

2005

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other Than Political Committees	90320.00	342003.75
	(i) Itemized (use Schedule A)		
	(ii) Unitemized	13063.75	41923.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	103383.75	383926.75
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	103383.75	383926.75
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
٠.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	280.20	5242.83
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	103663.95	389169.58
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	103663.95	389169.58

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	2486.40	11503.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	2486.40	11503.63
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to     Federal Candidates/Committees     and Other Political Committees	50000.00	356000.00
Independent Expenditure		
(use Schedule E)5. Coordinated Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
o. Loui i iopaymonto ividoc		
7. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other	500.00	1341.25
Than Political Committees	300.00	1041.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	500.00	1341.25
9. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	2.22
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	52986.40	368844.88
Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii)	50000 40	200044.22
from Line 31)	52986.40	368844.88

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	103383.75	383926.75
34.	Total Contribution Refunds (from Line 28(d))	500.00	1341.25
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	102883.75	382585.50
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2486.40	11503.63
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2486.40	11503.63

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17	
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	ıc Political	Committee (OPHTHPAC)		
Full Name (Last, First, Middle Initial)  Robert Abel  Mailing Address Concord Plaza Naamans Building 3501 Silverside Road				Date of Receipt  0 9 1 9 2 0 0 5	
	City	Transaction ID: 70WP7N768560			
	Wilmington	DE	19810-4910	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer self	Occupation	nologist	Batch Tool - PAC	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00		
3.	Full Name (Last, First, Middle Initial) John Allavie Mailing Address Suite 100			Date of Receipt	
	4605 Brockton Avenue	0 9 0 1 2 0 0 5 Transaction ID: 0517328			
	Riverside	State CA	Zip Code 92506-0106	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
	Receipt For:  ☐ Primary ☐ General  ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00		
 C.	Full Name (Last, First, Middle Initial) Omar Almallah			Date of Receipt	
	Mailing Address the Focus Center 20 Mule Road			0 9 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Toms River	State NJ	Zip Code 08755-5028	Transaction ID: FBCNWR6U1X071  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	00733-3020	250.00	
	Name of Employer self	Occupation Ophthaln	nologist	PACWEB GENERATED CONTRIBU- TION	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
S	UBTOTAL of Receipts This Page (optional)			980.00	
т,	TOTAL This Period (last page this line number only)				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/96
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   17   18   17   18   19   19   19   19   19   19   19
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)	_		
/	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Louis Alpern				Date of Receipt
	Mailing Address Suite D100 4171 N Mesa Street			09 / 26 / 4 2005
	City	State	Zip Code	Transaction ID: 70X2N4459213
	<u>El Paso</u>	TX	79902-1444	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1000.00	
3.	Full Name (Last, First, Middle Initial) Kenneth Amend			Date of Receipt
	Mailing Address 5939 Colerain Avenue	09 / 26 / 2005		
	City	State	Zip Code	Transaction ID: 70X281083545
	Cincinnati	OH	45239-6413	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln	•	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
Э.	Full Name (Last, First, Middle Initial) Bette Anderson			Date of Receipt
Mailing Address Kies Eye Center 1000 W Deyoung				09 26 2005
	City	State	Zip Code	Transaction ID: 70X2KL638426
	Marion	IL	62959-1630	Amount of Each Receipt this Period
	FEC ID number of contributing	С		365.00
	federal political committee.			
	Name of Employer self	Occupation		Batch Tool - PAC
Opntha		Ophthaln		-
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		365.00	
			<u> </u>	
S	UBTOTAL of Receipts This Page (optional)		<b>_</b>	1865.00
	,			
T	OTAL This Period (last page this line number on	ly)	<b></b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 96
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In			
۹.	Full Name (Last, First, Middle Initial) James Antoszyk			Date of Receipt
	Mailing Address Charlotte Eent Assoc; Pa 6035 Fairview Road	09 / 26 / Y Y Y Y Y		
	Charlotte	State NC	Zip Code 28210-3256	Transaction ID: 70X2PN412481  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20210 0200	365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 365.00	
3.	Full Name (Last, First, Middle Initial) Amir Arbisser	Date of Receipt		
	Mailing Address 777 Tanglefoot Lane	09 16 7 2005		
	City	State	Zip Code	Transaction ID: 06595-23772829771042
	Bettendorf FEC ID number of contributing federal political committee.	C	52722-1650	Amount of Each Receipt this Period  125.00
	Name of Employer self	Occupation Ophthaln		PAC 2nd of 4
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
— Э.	Full Name (Last, First, Middle Initial) Lisa Arbisser			Date of Receipt
	Mailing Address 777 Tanglefoot Lane	09 / 02 / 4 2005		
	City Pottondorf	State IA	Zip Code	Transaction ID: 0385640
	Bettendorf  FEC ID number of contributing federal political committee.	C	52722-1650	Amount of Each Receipt this Period  365.00
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
s	UBTOTAL of Receipts This Page (optional)			855.00
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

0	CCHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 9 / 96		
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Ar	ry information copied from such Reports and Sta	tements may	not be sold or used by any perso			
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
$\rangle$	American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)			
Α.	Full Name (Last, First, Middle Initial) Robert John Barnes			Date of Receipt		
	Mailing Address 1300 N Highland Avenue	09 20 2005				
	City	State	Zip Code	Transaction ID: 70WP7N658475		
	Aurora	IL	60506-1451	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer self	Occupation		Batch Tool - PAC		
	5	Ophthaln				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		500.00			
	Other (specify)		1 1 1 1 1 1 1			
— В.	Full Name (Last, First, Middle Initial) J. Bronwyn Bateman			Date of Receipt		
	Mailing Address Rocky Mountain Lions E	M M / D D / Y Y Y Y				
	Campus Box F-731; PO	09 20 2005				
	City	State	Zip Code	Transaction ID: 70WP7N584419		
	Aurora	CO	80045	Amount of Each Receipt this Period		
	FEC ID number of contributing		* * * * * *	205.00		
	federal political committee.	C		365.00		
	Name of Employer	Ossunation		Batch Tool - PAC		
	Name of Employer self	Occupation Ophthaln				
	Receipt For:	<u> </u>	Year-to-Date ▼	_		
	Primary General	Aggregate	rear-to-bate V	1		
	Other (specify)		365.00			
				1		
<u> </u>	Full Name (Last, First, Middle Initial) Alan Baum			Date of Receipt		
	Mailing Address 7710 Beechnut Street #	100		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code			
	City Houston	TX	77074-3106	Transaction ID: CH40C1466221		
		1/	77074-3106	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00		
	Name of Employer	Occupation	n	Batch Tool - PAC		
	self	Ophthaln	nologist			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		205.00	1		
	Other (specify)		365.00			
_						
				1000.00		
s	UBTOTAL of Receipts This Page (optional)			1230.00		
$\overline{}$						

TOTAL This Period (last page this line number only) .....

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 10 / 96 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)	
۷.	Full Name (Last, First, Middle Initial) Paul Beer	Date of Receipt		
	Mailing Address Lions Eye Institute 35 Hackett Boulevard	09 / 08 / 2005		
	City Albany	State NY	Zip Code 12208-3420	Transaction ID: CH41IW572475  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	365.00
	colf	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
3.	Full Name (Last, First, Middle Initial) William Benevento			Date of Receipt
	Mailing Address 5891 Craigin Bluff Court	09 / 14 / 2005		
	City	State	Zip Code	Transaction ID: CH4GWY373455
	Bettendorf  FEC ID number of contributing federal political committee.	C	52722-6589	Amount of Each Receipt this Period  365.00
	solf '	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
<b>D.</b>	Full Name (Last, First, Middle Initial) Sanders Benkwith			Date of Receipt
	Mailing Address 2752 Zelda Road			09 / 07 / 4 2005
	City Montgomery	State AL	Zip Code 36106-2694	Transaction ID: CH4191926144  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	self	Occupatior Ophthalm	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
S	UBTOTAL of Receipts This Page (optional)		·····	1730.00
т/	OTAL This Period (last page this line number only	Λ)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 96			
	EMIZED RECEIPTS		or each category of the	(check only one)		
••			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17		
Δη	v information copied from such Reports and Str	tomente may	unot he cold or used by any perso			
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Academy of Ophthalmology I	-				
A.	Full Name (Last, First, Middle Initial) Joseph Bentivegna			Date of Receipt		
	Mailing Address 541 Cromwell Avenue			09 13 2005		
	City	State	Zip Code	Transaction ID: CH4FDB721012		
	Rocky Hill	CT	06067-1805	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00		
	Name of Employer self	Occupation		Batch Tool - PAC		
	Receipt For:	Ophthaln	nologist e Year-to-Date ▼	_		
	Primary General	Aggregate	: Teal-to-Date V			
	Other (specify) ▼	0 0	365.00			
В.	Full Name (Last, First, Middle Initial) J. Chandler Berg			Date of Receipt		
	Mailing Address Suite 110 2709 Meredyth Drive	09 13 7 2005				
	City State Z		Zip Code	Transaction ID: CH4FDB967883		
	Albany	GA	31707-0222	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00		
	Name of Employer self	Occupation		Batch Tool - PAC		
		Ophthaln				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)		365.00			
<u>с.</u>	Full Name (Last, First, Middle Initial) Brian Berger			Date of Receipt		
	Mailing Address 3705 Medical Parkway Suite 410			09 02 2005		
	City	State	Zip Code	Transaction ID: 0028924		
	Austin	TX	78705-1019	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		365.00		
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		365.00			
s	UBTOTAL of Receipts This Page (optional)			1095.00		
H	TOTAL This Period (last page this line number only)					

SCHEDIII E A (EEC Form 2V)				FOR LINE NUMBER: PAGE 12/96
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Stat	omente may	y not be sold or used by any perso	
or	for commercial purposes, other than using the na	ame and add	from be sold of used by any person fress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Robert Berry			Date of Receipt
	Mailing Address Suite 301			M M / D D / Y Y Y Y
	9800 Lile Drive	State	Zip Code	0 9 1 2 2 0 0 5 1 2 1 2 0 0 5 1 2 1 2 0 0 5 1 2 1 2 1 2 0 0 5 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
	City Little Rock	AR	72205-6229	Transaction ID: CH4BVC658170
		An	72203-6229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthalm		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼			
— В.	Full Name (Last, First, Middle Initial) Jerome Bettman			Date of Receipt
٥.	Mailing Address 3910 Sand Hill Road	M M / D D / Y Y Y Y		
				09 26 2005
	City	State	Zip Code	Transaction ID: 70X2KL844232
	Woodside	CA	94062-1231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer	0		Batch Tool - PAC
	Name of Employer self	Occupation Ophthalm		
	Receipt For:		Year-to-Date <b>V</b>	_
	Primary General	riggrogato		1
	Other (specify) ▼		365.00	
C.	Full Name (Last, First, Middle Initial) Thomas William Biggs			Date of Receipt
	Mailing Address 5825 S Main Street Suite	202		09 12 2005
	City	State	Zip Code	Transaction ID: CH4C2F568484
	Clarkston	MI	48346-2983	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
				Batch Tool - PAC
	Name of Employer self	Occupation		Daton 1001 - FAO
		Ophthalm	<del>_</del>	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	365.00	
	Other (specify)		333.00	1
6	UBTOTAL of Receipts This Page (optional)			1230.00
hill	ODITIAL OF NECERPLS THIS Page (Optional)		······	

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/96	
TEMIZED RECEIPTS			or each category of the	(check only one)	
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17	
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions	
<u> </u>	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,		
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)		
۹.	Full Name (Last, First, Middle Initial) Peter Breingan				
	Mailing Address Apt. 3C 325 E 79th Street	09 / 23 / 2005			
	City New York	State NY	Zip Code 10021-0954	Transaction ID: 70WUVF447545  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	10021 0004	365.00	
	Name of Employer	Occupation		Batch Tool - PAC	
	self	Occupation Ophthaln			
	Receipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼	,			
3.	Full Name (Last, First, Middle Initial) Thomas Brewington	Date of Receipt			
	Mailing Address 807 Summit Avenue	09 / 13 / Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: CH4FDB322047	
	Greensboro	NC	27405-7833	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00  Batch Tool - PAC	
	Name of Employer self	Occupation		Batch 1001 - PAC	
	Receipt For:	Ophthaln Aggregate	Year-to-Date <b>V</b>		
	Primary General	33 -3			
	Other (specify) ▼		500.00		
Э.	Full Name (Last, First, Middle Initial) Robert Bruce			Date of Receipt	
	Mailing Address Midwest Retina; Inc 500 E Main Street Suite 3	300		09 / 19 / 2005	
	City	State	Zip Code	Transaction ID: 70WP7N436471	
	Columbus	ОН	43215-5369	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00  Batch Tool - PAC	
	Name of Employer self	Occupation Ophthaln	nologist	Datch 1001 - PAC	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		365.00		
s	UBTOTAL of Receipts This Page (optional)			1230.00	
			<u> </u>		
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 14/96			
ITEMIZED RECEIPTS or each category of				(check only one)	l 🗆			
			Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17			
Ar	y information copied from such Reports and Stat	tements may	not be sold or used by any perso					
or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from s	such committee.			
\	NAME OF COMMITTEE (In Full)							
/	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)					
۹.	Full Name (Last, First, Middle Initial) Frederick Bruening			Date of Receipt				
	Mailing Address 5014 Villa Linde Parkwa	у		09 13	2005			
	City	State	Zip Code	Transaction ID: CH				
	Flint	MI	48532-3411	Amount of Each Rec				
	FEC ID number of contributing federal political committee.	C			1000.00			
	Name of Employer	Occupation	<u> </u>	Batch Tool - PAC				
	Name of Employer self	Ophthaln						
	Receipt For:		e Year-to-Date ▼					
	Primary General		1000.00					
	Other (specify)		1000.00					
3.	Full Name (Last, First, Middle Initial) Maria Bruno			Date of Receipt				
	Mailing Address 3723 Seneca Street	09 / 02	2005					
	City	State	Zip Code	Transaction ID: 030	07533			
	West Seneca	NY	14224-3452	Amount of Each Rec	ceipt this Period			
	FEC ID number of contributing federal political committee.	С		Dul T   Did	365.00			
	Name of Employer self	Occupation		Batch Tool - PAC				
		Ophthaln	•	4				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼					
	Other (specify) ▼	0 0	365.00					
<b>)</b> .	Full Name (Last, First, Middle Initial) Robert Burlingame			Date of Receipt				
	Mailing Address 1303 N Travis Street			09 07	2005			
	City	State	Zip Code	Transaction ID: CH				
	Sherman	TX	75092-5138	Amount of Each Rec				
	FEC ID number of contributing federal political committee.	C			365.00			
	Name of Employer self	Occupation		Batch Tool - PAC				
Ophtha				4				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Other (specify) ▼		365.00					
s	SUBTOTAL of Receipts This Page (optional)							
_								
Т	OTAL This Period (last page this line number or	ıly)	<b></b>					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17			
Ar or	ry information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc P	Political	Committee (OPHTHPAC)				
<b>A</b> .	Full Name (Last, First, Middle Initial)  Henry Burnett  Mailing Address 730 Highland Oaks Drive Su  City S  Winston-Salem N  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)  Charlotte Burns  Mailing Address 1850 Summit Avenue  City S	uite 203 State NC ccupatior phthalm ggregate State NI	Zip Code 27103-7108	Date of Receipt  M M M / D D O 7 2 0 0 5  Transaction ID: CH40C1208737  Amount of Each Receipt this Period  365.00  Batch Tool - PAC  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	self Op		nologist Year-to-Date ▼ 250.00	Batch Tool - PAC			
<b>S.</b>	Hoffman Estates  FEC ID number of contributing federal political committee.  Name of Employer self  Octoor	State L ccupation	Zip Code 60194-1062	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
SUBTOTAL of Receipts This Page (optional) 980.00							
T	OTAL This Period (last page this line number only)		<b>.</b>				

S	CHEDULE A (FEC Form 3X)		llas senerate sebedulo(s)	FOR LINE NUMBER: PAGE 16/96			
ITEMIZED RECEIPTS			or each category of the	(check only one)			
•			Detailed Summary Page	X   11a   11b   11c   12   17   13   14   15   16   17			
Ar	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions			
<u> </u>	NAME OF COMMITTEE (In Full)						
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)				
۹.	Full Name (Last, First, Middle Initial) Douglas Carlson			Date of Receipt			
	Mailing Address Suite 100 1719 Tower Dr. W	0	7: 0.1	0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Stillwater	State MN	Zip Code 55082-7512	Transaction ID: CH40C1450238  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	000017012	500.00			
	Name of Employer	Occupation		Batch Tool - PAC			
	self	Ophthaln					
	Receipt For:	•	e Year-to-Date ▼				
	Primary General Other (specify) ▼		500.00				
3.	Full Name (Last, First, Middle Initial) Ronald Caronia			Date of Receipt			
	Mailing Address Floor 3 360 Merrick Road			0 9 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Lynbrook	State NY	Zip Code 11563-2500	Transaction ID: CH4C2F121389			
	FEC ID number of contributing		11363-2300	Amount of Each Receipt this Period			
	federal political committee.	C		365.00  Batch Tool - PAC			
	Name of Employer self	Occupation Ophthaln		Batch 1001-1 AO			
	Receipt For:		Year-to-Date <b>V</b>	-			
	Primary General		365.00				
	Other (specify) ▼	0 0	303.00				
Э.	Full Name (Last, First, Middle Initial) Troy Carter			Date of Receipt			
	Mailing Address 1750 Pine Street			09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: CH40C1612714			
	<u>Abilene</u>	TX	79601-3044	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		365.00  Batch Tool - PAC			
	Name of Employer self	Occupation Ophthaln	nologist	Baltin 1001 - PAC			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		365.00				
s	SUBTOTAL of Receipts This Page (optional)						
			•				
T	OTAL This Period (last page this line number onl	y)	<b>&gt;</b>				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 96	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   1	17
Δn	v information conied from such Reports and St	atomonte may	, not be sold or used by any perso		1
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$\rangle$	American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)		
Α.	Full Name (Last, First, Middle Initial) Joyce Cassen			Date of Receipt	
	Mailing Address Suite 212 850 W Hind Drive			09 02 2005	
	City	State	Zip Code	Transaction ID: 0838858	
	Honolulu	HI	96821-1855	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
	Receipt For:		e Year-to-Date ▼		
	Primary General	-	205.00	1	
	Other (specify) ▼	0 0	365.00		
В.	Full Name (Last, First, Middle Initial) Barry Chaiken			Date of Receipt	
	Mailing Address 625 Park Avenue			09 / 12 / 2005	
	City	State	Zip Code	Transaction ID: CH4C2F144481	
	New York	NY	10021-6545	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer	Occupation	n	Batch Tool - PAC	
	self	Ophthaln	nologist		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		365.00		
— С.	Full Name (Last, First, Middle Initial) Joseph Chappell			Date of Receipt	
	Mailing Address 610 Brunson Drive			0 9 1 4 2 0 0 5	
	City	State	Zip Code	Transaction ID: CH4GWY712803	
	Tupelo	MS	38801-4947	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
			e Year-to-Date ▼	7	
			265.00	1	
	Other (specify) ▼	0 0	365.00		
S	UBTOTAL of Receipts This Page (optional)			1095.00	]
T	OTAL This Period (last page this line number of	only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 96				
	EMIZED RECEIPTS		or each category of the	(check only one)				
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17				
An	ny information copied from such Reports and Sta	tements may	v not be sold or used by any perso	n for the purpose of soliciting contributions				
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
/	American Academy of Ophthalmology II	nc Political	I Committee (OPHTHPAC)					
۹.	Full Name (Last, First, Middle Initial) George Chioran			Date of Receipt				
	Mailing Address Comprehensive Eyecare 5957 Cleveland Avenue	Central C	)h	09 / 23 / 4 2005				
	City	State	Zip Code	Transaction ID: 70WUVF420494				
	Columbus	OH	43231-2202	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		365.00				
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC				
	Receipt For:		Year-to-Date ▼	$\dashv$				
	Primary General	199.19		1				
	Other (specify) ▼	0 0	365.00					
3.	Full Name (Last, First, Middle Initial) Dennis Chuck			Date of Receipt				
	Mailing Address 1774 Alameda Street	09 07 7 2005						
	City	State	Zip Code	Transaction ID: CH4191261277				
	Pomona	CA	91768-1727	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC				
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼	0 0	500.00					
_	Full Name (Last, First, Middle Initial)			Patrick Book is				
٠.	Jay Clark Mailing Address 175 N 400 W			Date of Receipt				
	Mailing Address 1/5 N 400 W			09 06 2005				
	City	State	Zip Code	Transaction ID: CH3ZVK592556				
	Orem	UT	84057-1909	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		365.00				
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC				
	Receipt For:		e Year-to-Date ▼					
	Primary General		205.00					
	Other (specify)	0 0	365.00					
s	SUBTOTAL of Receipts This Page (optional)							
	OTAL This Period (last page this line number or	nlv)						
- 1 '	VIAL THIS I CHOU (IAST PAYE THIS HITE HUTTIDE! OF	п <b>у</b> )	······································					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 96				
	EMIZED RECEIPTS		or each category of the	(check only one)				
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Ar	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions				
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.				
$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)					
۹.	Full Name (Last, First, Middle Initial) Robert Clark			Date of Receipt				
	Mailing Address 7575 W Grand River			09 / 23 / 4 2005				
	City	State	Zip Code	Transaction ID: 70WUVF840253				
	Brighton	MI	48114-9309	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		365.00				
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC				
	Receipt For:		e Year-to-Date ▼					
	Primary ☐ General Other (specify) ▼		365.00					
3.	Full Name (Last, First, Middle Initial) Sander M. Zeskin Cohen			Date of Receipt				
	Mailing Address Suite 11 509 S Lenola Road	09 / 20 / Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: 70WP7N827536				
	Moorestown	NJ	08057-1561	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		365.00				
	Name of Employer self	Occupation		Batch Tool - PAC				
	Receipt For:	Ophthaln	nologist e Year-to-Date ▼	_				
	Primary General	riggregate						
	Other (specify)		365.00					
<b>)</b> .	Full Name (Last, First, Middle Initial) John Colombo			Date of Receipt				
	Mailing Address 22835 Kelly Road			09 / 07 / 4 2005				
	City	State	Zip Code	Transaction ID: CH4191219855				
	Eastpointe	MI	48021-2073	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		365.00				
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC				
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼		365.00					
s	SUBTOTAL of Receipts This Page (optional)							
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T	OTAL This Period (last page this line number or	ıly)	<b>&gt;</b>					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Thomas Conklin  Mailing Address Suite 22 294 E Moana Lane  City Reno  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:	State NV C Occupation Ophthaln		Date of Receipt    M M M
	Primary General  Other (specify) ▼	Aggregate	250.00	
3.	Full Name (Last, First, Middle Initial) David Locke Cooke  Mailing Address 4842 W Chapin Lane  City  Berrien Springs  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State MI  C  Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>	Full Name (Last, First, Middle Initial)  Kim Cooper  Mailing Address Suite 235  1720 El Camino Real  City  Burlingame  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify)	State CA C Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)		<b>)</b>	865.00
Т	OTAL This Period (last page this line number on	lv)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Frank Cotter  Mailing Address Vistar Eye Center			Date of Receipt
	PO Box 1789	Ctoto	7in Code	09 09 2005
	City Roanoke	State VA	Zip Code 24008-1789	Transaction ID: CH42N6196233  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1.00	500.00
	Name of Employer self	Occupation	nologist	Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) David Craig			Date of Receipt
	Mailing Address PO Box 680 1600 Highway 79 South	09 / 20 / 4 9 9		
	City	State	Zip Code	Transaction ID: 70WP7N104048
	Henderson  FEC ID number of contributing federal political committee.	C	75653-0680	Amount of Each Receipt this Period  365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
).	Full Name (Last, First, Middle Initial) Anthony D'Amato			Date of Receipt
	Mailing Address 27 Baker Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0709937
	Dover  FEC ID number of contributing federal political committee.	C	07801-2501	Amount of Each Receipt this Period  365.00
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
S	UBTOTAL of Receipts This Page (optional)			1230.00
т	OTAL This Period (last page this line number on	v)	•	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 22/96
ITEMIZED RECEIPTS			or each category of the	(check only one)	] <sub>44</sub> . □ 46
		Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17	
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso		
or	ly information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
$\setminus$	NAME OF COMMITTEE (In Full)				
	American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)		
A.	Full Name (Last, First, Middle Initial) Edgar Dapremont			Date of Receipt	
	Mailing Address PO Box 6545			09 22	2005
	City	State	Zip Code		5595-03802126646041
	Gulfport	MS	39506-6545	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer self	Occupation Ophthaln		PAC 2ND OF 4	
	Receipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	500.00		
В.	Full Name (Last, First, Middle Initial) Bill Davenport			Date of Receipt	
	Mailing Address 2090 Southeast Ocean Boulevard			09 / 07	2005
	City	State	Zip Code	Transaction ID: Cl	<del>1</del> 4191421448
	Stuart	<u>FL</u>	34996-3304	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C		Datab Taril DAG	365.00
	Name of Employer self	Occupation		Batch Tool - PAC	
		Ophthaln		_	
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	,	
	Other (specify) ▼		365.00		
c.	Full Name (Last, First, Middle Initial) Paul DeGregorio			Date of Receipt	
	Mailing Address Nine S Spring Street			09 / 07	2005
	City	State	Zip Code	Transaction ID: Cl	
	Concord	NH	03301-2425	Amount of Each Re	ceipt this Period
FEC ID number of contributing federal political committee.		C		Batch Tool - PAC	500.00
	Name of Employer self	Occupation Ophthaln		Balcii 100i - PAC	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	500.00		
s	UBTOTAL of Receipts This Page (optional)		1115.00		
Т	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 96
ITEMIZED RECEIPTS			or each category of the	(check only one)  X 11a  11b  11c  12
_			Detailed Summary Page	X   11a
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology Ir	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Ellen Dehm			Date of Receipt
	Mailing Address Masci and Dehm Eye As 160 Pleasant Street	sociates		09 / 06 / 2005
	City	State	Zip Code	Transaction ID: CH3ZVK113007
	Attleboro	MA	02703-2443	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		500.00	
 3.	Full Name (Last, First, Middle Initial) Patrick Dennis			Date of Receipt
-	Mailing Address 116-B Ashley Avenue			09 21 2005
	City	State	Zip Code	Transaction ID: 06595-61399477720261
	Charleston	SC	29401-1249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation		PAC 2nd of 4
		Ophthaln		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
).	Full Name (Last, First, Middle Initial) Donald Dickerson			Date of Receipt
	Mailing Address 1908 Santa Monica Blbd	Suite 3		09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0361106
	Santa Monica	CA	90404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	UDTOTAL «CD» in Time D			1250.00
<u>S</u>	UBTOTAL of Receipts This Page (optional)		<u> </u>	
Т	OTAL This Period (last page this line number on	ly)	<b>)</b>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 24 / 96 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
<u>΄</u> Α.	Full Name (Last, First, Middle Initial) John Drouilhet			Date of Receipt
	Mailing Address Suite 502 1329 Lusitana Street			09 / 13 / 2005
	City Honolulu	State HI	Zip Code 96813-2429	Transaction ID: CH4FDB528064  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30013-2423	300.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) Paul Dunn			Date of Receipt
	Mailing Address 275 Harvard Street	09 / 07 / 2005		
	City Fall River	State MA	Zip Code	Transaction ID: CH4191548637
	FEC ID number of contributing federal political committee.	C	02720-4125	Amount of Each Receipt this Period  365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Dion Ehrlich			Date of Receipt
	Mailing Address Suite 103 7500 Central Avenue			09 / 22 / 2005
	City Philadelphia	State PA	Zip Code 19111-2430	Transaction ID: 70WUS2392340  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)			1165.00
Τ.	OTAL This Period (last page this line number or			

SC	CHEDULE A (FEC Form 3X)		Llac concrete cobodule(a)	FOR LINE NUMBER: PAGE 25 / 96				
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)				
	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12				
Α	information and of formation Bounds and Old			13 14 15 16 17				
or i	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ime and add	r not be sold or used by any perso Iress of any political committee to	solicit contributions from such committee.				
$\overline{}$	NAME OF COMMITTEE (In Full)							
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)					
۹.	Full Name (Last, First, Middle Initial) Francisco Fantes			Date of Receipt				
	Mailing Address Bascom Palmer Eye Inst 900 Northwest 17th Street			09 / 15 / Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: CH4GWY682834				
	Miami	<u>FL</u>	33136-1119	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		365.00				
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC				
	Receipt For:		Year-to-Date ▼					
	Primary General	33 15						
	Other (specify) ▼	0 0	365.00					
3.	Full Name (Last, First, Middle Initial) George Fava			Date of Receipt				
	Mailing Address 875 Norman Drive	09 / 19 / 2005						
	City	State	Zip Code	Transaction ID: 70WP7N855485				
	Lebanon	PA	17042-7454	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		400.00					
	Other (specify) ▼	0 0	0 0 0 0 0 0					
Э.	Full Name (Last, First, Middle Initial) Natalka Fedoriw			Date of Receipt				
	Mailing Address 3301 Lake Avenue			09 / 13 / 9 2005				
	City	State	Zip Code	Transaction ID: CH4FDB311315				
	Fort Wayne	IN	46805-5529	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		300.00				
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC				
	Receipt For:		Year-to-Date ▼	7				
	Primary General		200.00					
	Other (specify) ▼		300.00					
SI	SUBTOTAL of Receipts This Page (optional)							
т	OTAL This Period (last page this line number on	lv)						

S	CHEDULE A (FEC Form 3X)		Llea canarata cohadula(c)	FOR LINE NUMBER: PAGE 26 / 96
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)         X       11a       11b       11c       12         13       14       15       16       17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	/ not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) William Fein  Mailing Address Suite 200 415 N Crescent Drive	Charles	7'n Oada	Date of Receipt  0 9 0 1 2 0 0 5
	City  Beverly Hills	State CA	Zip Code 90210-4860	Transaction ID: 0303414  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self  Receipt For: Primary General Other (specify)	Occupation Ophthaln Aggregate		Batch Tool - PAC
3.	Full Name (Last, First, Middle Initial) James Felch Mailing Address 117 Abbotsford Drive			Date of Receipt
	City	State	Zip Code	0 9 1 1 2 0 0 5 Transaction ID: 16166-11889284849166
	Nashville	TN	37215-2439	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer self	Occupation Ophthaln		PAC 4th of 4 pmts
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Robert Feldman			Date of Receipt
	Mailing Address 160 Boston Avenue			09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 70WP7N418091
	Altamonte Springs  FEC ID number of contributing federal political committee.	C	32701-4706	Amount of Each Receipt this Period  365.00
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
s	UBTOTAL of Receipts This Page (optional)			855.00
Т	OTAL This Period (last page this line number o	nly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 96 (check only one)    X
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Stephen Felton Mailing Address 56 White Oak Drive  City State Princeton NJ  FEC ID number of contributing federal political committee.  Name of Employer self  Occupation		State NJ  C  Description Description Description Aggregate State	Zip Code 08540-1230  nologist Year-to-Date ▼  500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	self	C Decupation Dphthalm Aggregate		Amount of Each Receipt this Period  365.00  Batch Tool - PAC
<b>D.</b>	self	State PA  C  C  C  C  C  C  C  C  C  C  C  C  C	Zip Code 19096-3450	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			1230.00
T	OTAL This Period (last page this line number only	)	<b>b</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 96
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and Stator for commercial purposes, other than using the na	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		71	
American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial)  A. Richard Fish			Date of Receipt
Mailing Address Vitreoretinal Cnslts 6560 Fannin Suite 750			09 / 20 / 2005
City Houston	State TX	Zip Code 77030-2725	Transaction ID: 70WPKC807048  Amount of Each Receipt this Period
FEC ID number of contributing		77030-2723	
federal political committee.	C		365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:	· ·	Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
Carlos (opens)	0 0	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)  Brian Flowers			Date of Receipt
Mailing Address 1201 Summit Avenue			09 27 2005
City	State	Zip Code	Transaction ID: 70X4CT054655
Fort Worth	TX	76102-4427	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation		Batch Tool - PAC
Receipt For:	Ophthaln	nologist e Year-to-Date ▼	_
Primary General	Aggregate		
Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial)  Jerry Ford			Date of Receipt
Mailing Address 2020 Fleischmann Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 70WP7N362592
Tallahassee	FL	32308-4599	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:		e Year-to-Date ▼	1
Primary General Other (specify) ▼		365.00	
Cities (opcosit)/	0 0	0 0 0 0 0 0 0	
SUBTOTAL of Receipts This Page (optional)		·····	1095.00
TOTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 96
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Peter Forgach			Date of Receipt
	Mailing Address 405 International Drive			09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: CH4C2F118153
	Williamsville	NY	14221-5725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
3.	Full Name (Last, First, Middle Initial) Brett Taylor Foxman			Date of Receipt
	Mailing Address 1500 Tilton Road		09 / 14 / 2005	
	City	State	Zip Code	Transaction ID: CH4GWY636773
	Northfield	NJ	08225-1827	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation		Batch Tool - PAC
	Receipt For:	Ophthaln	nologist e Year-to-Date ▼	_
	Primary General	Aggregate		
	Other (specify) ▼	0 0	365.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Kay Ellen Frank			Date of Receipt
	Mailing Address 4420 Beta Avenue			09 / 28 / 2005
	City	State	Zip Code	Transaction ID: 70X6MA402165
	Cleveland	ОН	44105-3152	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self		Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
s	UBTOTAL of Receipts This Page (optional)			1095.00
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T	OTAL This Period (last page this line number onl	y)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 96
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) L. Neal Freeman			Date of Receipt
	Mailing Address Florida Eye Associates 502 East New Haven Av	enue		0 9 1 3 2 0 0 5
	City	State	Zip Code	Transaction ID: CH4FDB519344
	Melbourne	FL	32901-5427	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼	50 0 11	300.00	
3.	Full Name (Last, First, Middle Initial) Ronald Freeman			Date of Receipt
	Mailing Address 755 South Milwaukee Av North 150			09 / 14 / 2005
	City	State	Zip Code	Transaction ID: CH4GWY647670
	Libertyville	IL	60048-3253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00  Batch Tool - PAC
	Name of Employer self	Occupation		Datch 1001 - FAC
	Receipt For:	Ophthaln Aggregate	e Year-to-Date ▼	-
	Primary General	55 5	365.00	
	Other (specify) ▼		303.00	
Э.	Full Name (Last, First, Middle Initial) Robert Fry			Date of Receipt
	Mailing Address 217 Old York Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: CH4191222285
	Dillsburg	PA	17019-9318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
s	UBTOTAL of Receipts This Page (optional)			1030.00
_	OTAL This Davied (lost research leading and the	als s		
- 1	OTAL This Period (last page this line number or	пу)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 96			
ITEMIZED RECEIPTS		or each category of the	(check only one)			
•			Detailed Summary Page	X   11a     11b     11c     12     15     16     17		
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
$  \setminus $	NAME OF COMMITTEE (In Full)	les Delitical	Committee (ODUTUDAC)			
	American Academy of Ophthalmology	inc Political	Committee (OPHTHPAC)			
^	Full Name (Last, First, Middle Initial)			Data of Daggint		
Α.	David Fuerst Mailing Address Suite 308			Date of Receipt		
	1535 W Merced Avenue	9		09 26 2005		
	City	State	Zip Code	Transaction ID: 70X2PN683888		
	West Covina	CA	91790-3404	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00		
	Name of Employer self	Occupation		Batch Tool - PAC		
		Ophthain		4		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	1		
	Other (specify) ▼		365.00			
	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 20922 Country Squire Lane			09 06 2005		
	City	State	Zip Code	Transaction ID: CH3ZVK144616		
	Dubuque	IA	52001-8002	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00		
	Name of Employer	Occupatio	n	Batch Tool - PAC		
	self	Ophthaln				
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼			
	Other (specify)		365.00			
C.	Full Name (Last, First, Middle Initial) Geoffrey Garrett			Date of Receipt		
Ο.	Mailing Address Highland Clinic			M M / D D / Y Y Y Y		
	1455 E Bert Kouns			09 13 2005		
	City	State	Zip Code	Transaction ID: CH4FDB930896		
	Shreveport 550 ID and the time to the time	LA	71105-5634	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00		
	Name of Employer	Occupation	n	Batch Tool - PAC		
	self	Ophthaln				
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	,		
Other (specify)			365.00			
_						
s	UBTOTAL of Receipts This Page (optional)			1095.00		
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т	TOTAL This Period (last page this line number only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 96 (check only one)  X 11a 11b 11c 12
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In			
<b>A</b> .	Full Name (Last, First, Middle Initial)  John Garrett  Mailing Address 1301 Carpenter Avenue  City  Iron Mountain  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Initial)	State MI  C  Occupation Ophthaln Aggregate		Date of Receipt  M M J 2005  Transaction ID: CH4FDB196986  Amount of Each Receipt this Period  500.00  Batch Tool - PAC
3.	Gerald Gaul  Mailing Address North Dakota Eye Clinic 3035 Demers Avenue  City  Grand Forks  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify)	State ND  C Occupation Ophthaln		Date of Receipt    M M
<b>D.</b>	Full Name (Last, First, Middle Initial) Andrew Gillies Mailing Address 1 Lyons Street  City Dedham  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State MA  C  Occupation Ophthaln Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	JBTOTAL of Receipts This Page (optional)		<b>_</b>	1250.00
T	OTAL This Period (last page this line number or	ıly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 96 (check only one)  X 11a 11b 11c 12			
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions			
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\rangle$	American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)				
۹.	Full Name (Last, First, Middle Initial) William Gillum			Date of Receipt			
	Mailing Address 1519 E Sixth Street			09 06 2005			
	City	State	Zip Code	Transaction ID: CH3ZVK292145			
	Weslaco	<u>TX</u>	78596-6605	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC			
	Receipt For:	<u> </u>	e Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	365.00				
3.	Full Name (Last, First, Middle Initial) Howard Goldman			Date of Receipt			
	Mailing Address 950 Northwest 13th Stre	09 / 13 / Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: CH4FGS868126			
	Boca Raton	FL	33486-2310	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		365.00				
<u> </u>	Full Name (Last, First, Middle Initial) Richard Gordon			Date of Receipt			
	Mailing Address 3 Medical Park Drive			09 / 12 / 2005			
	City	State	Zip Code	Transaction ID: CH4BVC482542			
	Pomona	NY	10970-3516	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC			
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00				
S	SUBTOTAL of Receipts This Page (optional)						
т	OTAL This Period (last page this line number or	ıly)	<b>)</b>				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
A.	Full Name (Last, First, Middle Initial) Tom Gordon  Mailing Address 2853 Freeport Road  City Natrona Heights  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State PA  C  Occupation Ophthaln Aggregate		Date of Receipt  M M A Z 6 Z 0 0 5  Transaction ID: 70X281575168  Amount of Each Receipt this Period  365.00  Batch Tool - PAC
3.	Full Name (Last, First, Middle Initial)  Marc Grinberg  Mailing Address  101 Doctors Gardens  1880 Arlington Street  City  Sarasota  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary  General  Other (specify)	State FL C Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Full Name (Last, First, Middle Initial) Harry Grossman  Mailing Address Suite 115 100 Brick Road  City MarIton  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State NJ  C  Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D M 2 0 0 5  Transaction ID: F3M0G7GAD4HC0  Amount of Each Receipt this Period  365.00  PACWEB GENERATED CONTRIBUTION
S	UBTOTAL of Receipts This Page (optional)		·····	1095.00
T	OTAL This Period (last page this line number or	nlv)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	ıc Political	Committee (OPHTHPAC)	
۸.	Full Name (Last, First, Middle Initial) John Haley  Mailing Address Garland Ophthalmology Center 1626 Forest Lane Suite B		Zip Code	Date of Receipt    M M
	City Garland	State TX	75042-7943	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	13042-1340	250.00
	Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophthaln Aggregate		PAC 3rd of 4
3.	Full Name (Last, First, Middle Initial) Bernie H. Hanson  Mailing Address 705 14th Avenue Northeast			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 70X6MA764273
	Watertown	SD	57201-6827	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
).	Full Name (Last, First, Middle Initial) James Haug			Date of Receipt
Mailing Address 605 Commercial				09 / 07 / 2005
	City	State	Zip Code	Transaction ID: CH4191722606
	Atchison FEC ID number of contributing	KS	66002-2404	Amount of Each Receipt this Period
	federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
s	UBTOTAL of Receipts This Page (optional)			980.00
T	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 36/96		
	EMIZED RECEIPTS		or each category of the	(check only one)	<b>□</b> 44. □ 46	
			Detailed Summary Page	X 11a 11b 14	11c   12 15   16   17	
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso			
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	ı such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)					
$\angle$	American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)			
A.	Full Name (Last, First, Middle Initial) Stewart Hazel			Date of Receipt		
	Mailing Address Duluth Clinic Ophth 400 E Third Street			0 9 1 5	2005	
	City	State	Zip Code	Transaction ID: C	CH4HX2712676	
	Duluth	MN	55805-1951	Amount of Each R	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			365.00	
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	;	
	Receipt For:		Year-to-Date ▼	_		
	Primary General	33 0		1		
	Other (specify)	0 0	365.00			
В.	Full Name (Last, First, Middle Initial) Marnix Heersink			Date of Receipt		
	Mailing Address 2800 Ross Clark Circle Southwest			09 / 07		
	City	State	Zip Code	Transaction ID: CH4191543738		
	Dothan	AL	36301-2017	Amount of Each R	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			365.00	
	Name of Employer self	Occupation		Batch Tool - PAC	<i>,</i>	
		Ophthaln				
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	,		
	Other (specify) ▼		365.00			
<u>с.</u>	Full Name (Last, First, Middle Initial) Raymond Hernandez			Date of Receipt		
	Mailing Address Suite 103 19202 Stone Oak Park	way		09 13		
City			Zip Code	Transaction ID: C	H4FDB370232	
FEC ID number of contributing federal political committee.  Name of Employer Colf		TX	78258-3286	Amount of Each R	eceipt this Period	
		C			250.00	
		Occupation Ophthaln		Batch Tool - PAC	;	
	Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼			250.00			
S	UBTOTAL of Receipts This Page (optional)				980.00	
$\vdash$	or resolpto rino rago (optional)					
T	TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 96		
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12		
	- <del>-</del>		Detailed Summary Page	X   11a		
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee		
<u>~</u>	NAME OF COMMITTEE (In Full)	and add		22 23		
$\rangle$	American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)			
۹.	Full Name (Last, First, Middle Initial) Charles Hof			Date of Receipt		
	Mailing Address Boozman-Hof Clinic PO Box 1353			09 / 19 / 2005		
	City	State	Zip Code	Transaction ID: 70WP7N506579		
	Rogers	AR	72757-1353	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC		
	Receipt For:		e Year-to-Date ▼	1		
	Primary General Other (specify) ▼	0 0	500.00			
3.	Full Name (Last, First, Middle Initial) John Hoines			Date of Receipt		
	Mailing Address 1630 Adams Street			09 / 07 / 4 2005		
	City	State	Zip Code	Transaction ID: CH4191543232		
	Mankato	MN	56001-4801	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00		
	Name of Employer self	Occupation		Batch Tool - PAC		
		Ophthaln				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify) ▼	0 0	365.00			
).	Full Name (Last, First, Middle Initial) Robert Hsieh			Date of Receipt		
	Mailing Address 6510 Kenilworth Avenue			0 9 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: CH4191740258		
	Riverdale	MD	20737-1339	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00		
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		365.00			
s	SUBTOTAL of Receipts This Page (optional)					
			·			
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>			

S(	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 96
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and State	ments may	not be sold or used by any person	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	ne and add	Iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	<b>5</b>	0 (00)	
/	American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) W. Jackson lliff			Date of Receipt
	Mailing Address Suite 7 4 W Rolling Crossroads			09 07 2005
	City 4 VV Holling Crossidads	State	Zip Code	Transaction ID: CH40C1736032
	Catonsville	MD	21228-6280	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			Patch Teal PAC refunded
	colf ' '	Occupation		Batch Tool - PAC refunded 9.8
		Ophthalm Aggregate	Tologist Year-to-Date ▼	-
	Primary General	Aggregate	Teal-to-Date ▼	
	Other (specify) ▼		625.00	
	Full Name (Last, First, Middle Initial)			
3.	W. Jackson liff			Date of Receipt
	Mailing Address Suite 7 4 W Rolling Crossroads			0 9 0 8 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City City	State	Zip Code	Transaction ID: CH411S086235
	Catonsville	MD	21228-6280	Amount of Each Receipt this Period
	FEC ID number of contributing	С		125.00
	federal political committee.			
	solf '	Occupation		Batch Tool - PAC
		Ophthalm		4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		625.00	
			<u> </u>	
Э.	Full Name (Last, First, Middle Initial) Morton Israel			Date of Receipt
	Mailing Address Suite 1X			M M / D D / Y Y Y Y
	770 Magnolia Avenue	Otala	7ia Oad-	09 01 2005
	City Corona	State CA	Zip Code 92879-3120	Transaction ID: 0258873
	FEC ID number of contributing		32013-3120	Amount of Each Receipt this Period
	federal political committee.	C		365.00
	Name of Employer	Occupation	1	Batch Tool - PAC
Receipt For:  Ophthalr  Aggregate		Ophthalm	nologist	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		365.00	
	Other (Specify)	0 0		
	UPTOTAL (CD) (CD)			990.00
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	
T	OTAL This Period (last page this line number only	Λ	•	

S	CHEDULE A (FEC Form 3X)		Lisa saparata sabadula(s)	FOR LINE NUMBER: PAGE 39 / 96
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
			, 0	13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology II	nc Political	Committee (OPHTHPAC)	
_	Full Name (Last, First, Middle Initial)			5. (5. )
٩.	Leonard Joffe  Mailing Address St. Joseph's Medical Pla	178		Date of Receipt
	6561 East Carondelet Di	rive		09 13 2005
	City Tucson	State AZ	Zip Code 85710-2156	Transaction ID: CH4E2S895807
	FEC ID number of contributing		83710-2130	Amount of Each Receipt this Period
	federal political committee.	C		365.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	365.00	
3.	Full Name (Last, First, Middle Initial) David Johnson			Date of Receipt
	Mailing Address Suite 101 10619 N Hayden Road			09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 70WPKC415975
	Scottsdale	AZ	85260-8510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation		Batch Tool - PAC
	Receipt For:	Ophthain Aggregate	nologist e Year-to-Date <b>V</b>	_
	Primary General	riggrogate		
	Other (specify) ▼		500.00	
<del></del>	Full Name (Last, First, Middle Initial) Carol Johnston			Date of Receipt
	Mailing Address Office Park Eye Center			M M / D D / Y Y Y Y
	6 Office Park Drive	State	Zip Code	0 9 0 7 2 0 0 5 Transaction ID: CH4191607048
	<u>Jacksonville</u>	NC	28546-7325	Amount of Each Receipt this Period
	FEC ID number of contributing	C		365.00
	federal political committee.			
	Name of Employer self	Occupation		Batch Tool - PAC
	Receipt For:	Ophthaln Aggregate	nologist e Year-to-Date <b>V</b>	-
	Primary General	riggrogate		
	Other (specify) ▼		365.00	
s	UBTOTAL of Receipts This Page (optional)			1230.00
_	OTAL This Period (last page this line number or	nlv)		
•	VIAL THIS I CHOU (last page this line humber of	" <b>y</b> /	······································	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17			
An	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)				
Α.	self	State MO  Cccupation Ophthaln	Zip Code 63110	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3.	self	State PA  C  Occupation Ophthalm Aggregate		Date of Receipt  M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
<b>D.</b>	self	State GA  C  C  C  C  C  C  C  C  C  C  C  C  C		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
s	SUBTOTAL of Receipts This Page (optional)						
T	OTAL This Period (last page this line number only	)	<b>&gt;</b>				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 96
TEMIZED RECEIPTS			or each category of the	(check only one)
. •			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)	_		
/	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Richard Kim			Date of Receipt
	Mailing Address Unit 3 25351 Boots Road			09 29 2005
	City	State	Zip Code	Transaction ID: 70X8FJ836306
	Monterey	CA	93940-6658	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Strict (openity) •	0 0	0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Patrick King			Date of Receipt
	Mailing Address 911 W Third			09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: CH4C2F324228
	Yankton	SD	57078-3703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln	•	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Dennis Kontra			Date of Receipt
	Mailing Address 5802 Washington Avenue	e		M M / D D / Y Y Y Y
				09 07 2005
	City	State	Zip Code	Transaction ID: CH4191431842
	Racine	WI	53406-4050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Sale. (Speed) / •	-		
S	UBTOTAL of Receipts This Page (optional)			1095.00
			<u> </u>	
T	OTAL This Period (last page this line number onl	y)	<b></b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42/96			
	EMIZED RECEIPTS		or each category of the	(check only one)			
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17			
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions			
<u> </u>	NAME OF COMMITTEE (In Full)	and add	areas or arry political committee to	Solicit Contributions from Such Committee.			
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)				
۹.	Full Name (Last, First, Middle Initial) Michael Korey			Date of Receipt			
	Mailing Address 3982 North Milwaukee A	venue		09 / 02 / 4 9 9			
	City	State	Zip Code	Transaction ID: 0174544			
	Chicago	<u>IL</u>	60641-2703	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC			
	Receipt For:		Year-to-Date ▼				
	Primary General Other (specify) ▼		365.00				
3.	Full Name (Last, First, Middle Initial) Christopher Kuntz			Date of Receipt			
	Mailing Address 12105 Northeast 33rd St	reet		09 / 07 / 2005			
	City	State	Zip Code	Transaction ID: CH4191127239			
	Bellevue	WA	98005-1203	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		365.00			
	Name of Employer self	Occupation		Batch Tool - PAC			
		Ophthaln		_			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼				
	Other (specify) ▼		365.00				
<b>.</b>	Full Name (Last, First, Middle Initial) Brian LaGreca			Date of Receipt			
	Mailing Address 2908 Thousand Oaks Str	reet		09 / 02 / 2005			
	City	State	Zip Code	Transaction ID: 0275942			
	Billings	MT	59102-0763	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC			
	Receipt For:		e Year-to-Date ▼				
	Primary General Other (specify) ▼		365.00				
s	SUBTOTAL of Receipts This Page (optional)						
	,		<u> </u>				
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 96			
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12			
	_		Detailed Summary Page	13 14 15 16 17			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
<u></u>	NAME OF COMMITTEE (In Full)		, p				
$\rangle$	American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)				
۹.	Full Name (Last, First, Middle Initial) James Landers			Date of Receipt			
	Mailing Address Suite 200 9800 Lile Drive			09 07 2005			
	City	State	Zip Code	Transaction ID: CH40C1470385			
	Little Rock	AR	72205-6229	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC			
	Receipt For:		Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	365.00				
3.	Full Name (Last, First, Middle Initial) Kurt Lark			Date of Receipt			
	Mailing Address 854 Craigmont Lane			09 02 2005			
	City	State	Zip Code	Transaction ID: 0557627			
	Concord	NC	28027-6442	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer self	Occupation		Batch Tool - PAC			
	Receipt For:	Ophthaln Aggregate	nologist e Year-to-Date ▼	-			
	Primary General	rigg. oguio					
	Other (specify) ▼		365.00				
Э.	Full Name (Last, First, Middle Initial) Bruce Larson			Date of Receipt			
	Mailing Address 126 West First Street			09 07 YYYYY 2005			
	City	State	Zip Code	Transaction ID: CH40C1481829			
	Hinsdale	IL	60521-4013	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		365.00				
s	SUBTOTAL of Receipts This Page (optional)						
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T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ind	c Political	Committee (OPHTHPAC)	
Α.	Receipt For:	State WI  C  Occupation Ophthaln Aggregate		Date of Receipt  M M J J D D J Z D D S  Transaction ID: 70WP7N274094  Amount of Each Receipt this Period  500.00  Batch Tool - PAC
	Primary General Other (specify) ▼	0 0	500.00	
3.	University Obhthalmologie	State OH C Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>	colf	State NJ  C  Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			1115.00
T	OTAL This Period (last page this line number only	v)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 96 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State or commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Kent Leavitt			Date of Receipt
	Mailing Address Suite 450 1135 116th Avenue North	neast		09 07 2005
	City	State	Zip Code	Transaction ID: CH40C1437440
	Bellevue	WA	98004-4623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) William Lee			Date of Receipt
	Mailing Address 349 Folly Road			09 / 06 / 9 2005
	City	State	Zip Code	Transaction ID: CH3ZVK496493
	Charleston	SC	29412-2508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00  Batch Tool - PAC
	Name of Employer self	Occupation Ophthalm		Batch 1001 - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Elise Leonard			Date of Receipt
	Mailing Address Suite 300 8890 W Oakland Park Bo			09 / 07 / 4 9 9
	City Sunrise	State FL	Zip Code 33351-7235	Transaction ID: CH40C1550971  Amount of Each Receipt this Period
	FEC ID number of contributing		30031 7233	
	federal political committee.	C		365.00  Batch Tool - PAC
	Name of Employer self	Occupation Ophthalm	nologist	Daton 1001- FAO
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
sı	JBTOTAL of Receipts This Page (optional)			1730.00
т	OTAL This Period (last page this line number onl	v)	·	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 96 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۸.	Full Name (Last, First, Middle Initial) Cecily Lesko			Date of Receipt
	Mailing Address North Jersey Eye Assoc 1005 Clifton Avenue			09 20 7 4 9 9
	City	State	Zip Code	Transaction ID: 70WPKC215436
	Clifton	NJ	07013-3520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
3.	Full Name (Last, First, Middle Initial) Robert Lesser			Date of Receipt
	Mailing Address the Eye Care Group 40 Temple Street; Suite S	09 / 26 / Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 70X2KL368127
	New Haven	CT	06510-2715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00  Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		Balcii 1001 - FAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
 C.	Full Name (Last, First, Middle Initial) Andrew Levada			Date of Receipt
	Mailing Address the Eye Care Group Pc 1201 W Main Street Suit	e 100		09 13 7 2005
	City Waterbury	State CT	Zip Code 06708-3105	Transaction ID: CH4FDB024361
	FEC ID number of contributing		00708-3105	Amount of Each Receipt this Period
	federal political committee.	С		365.00  Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		Balcii 100i - FAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
s	UBTOTAL of Receipts This Page (optional)			1030.00
	OTAL This Period (last page this line number on	lv)	·	
	CIAL THIS I CHOO (IAST PAYETHIS HITCHUITIDE OH	ıy <i>)</i>	·······	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47/96	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) David Levine			Date of Receipt
	Mailing Address Suite H2			M M / D D / Y Y Y Y
	19271 Montgomery Villa	ge Avenue		09 07 2005
	City	State	Zip Code	Transaction ID: CH40C1188760
	Montgomery Village	MD	20886-5021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer	Occupation	1	Batch Tool - PAC
	self	Ophthaln	nologist	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		365.00	
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) Scott Limstrom			Date of Receipt
	Mailing Address 10228 Stewart Drive			09 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: F5ZLGXAEJW076
	Eagle River	AK	99577-9509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	PACWEB GENERATED CONTRIBU- TION
	self	Ophthaln		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Mark Lindsay			Date of Receipt
	Mailing Address 2725 E 29th Street			M M / D D / Y Y Y Y
	City	State	Zip Code	0 9 1 3 2 0 0 5
	City Bryan	TX	77802-2504	Transaction ID: CH4FDB613786  Amount of Each Receipt this Period
	•		17002 2004	
	FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Occupation self			Batch Tool - PAC	
Ophthalm			nologist • Year-to-Date ▼	$\dashv$
			FIGAL-10-Date V	1
Other (specify) ▼			400.00	
_				
8	UBTOTAL of Receipts This Page (optional)			890.00
$\vdash$	=== 2= ooso.p.oo . ago (optional)		·	
т	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
<b>A</b> .	Full Name (Last, First, Middle Initial) Richard Mark Lipman  Mailing Address Suite A 8679 Connecticut Street  City Merrillville  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Robert Liss	State IN  C  Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: CH40C1121383  Amount of Each Receipt this Period  365.00  Batch Tool - PAC
	Mailing Address Village of Cross Keys 2 Hamill Road Suite 315  City Baltimore  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify) ▼	State MD  C  Occupation Ophthaln		Transaction ID: CH411S774717  Amount of Each Receipt this Period  365.00  Batch Tool - PAC
<b>D.</b>	Full Name (Last, First, Middle Initial) Samuel Liu Mailing Address Princeton Eye Group 419 N Harrison Street City Princeton  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State NJ  C  Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		·····	1230.00
т	OTAL This Period (last page this line number on	lv)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49/96					
ITEMIZED RECEIPTS		or each category of the	(check only one)					
••	LIVIIZED RECEII 13		Detailed Summary Page	X   11a     11b     11c     12     15     16     17				
Ar	by information copied from such Reports and State	ments may	not be sold or used by any perso					
or	for commercial purposes, other than using the nar	ne and add	dress of any political committee to	solicit contributions from such committee.				
$\setminus$	NAME OF COMMITTEE (In Full)							
$\rangle$	American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)					
Α.	Full Name (Last, First, Middle Initial) Lawrence Lohman			Date of Receipt				
Λ.	Mailing Address 2013 State Route 59			M M / D D / Y Y Y Y				
				09 28 2005				
	City	State	Zip Code	Transaction ID: 70X6MA571364				
	Kent	OH	44240-4113	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
		Occupation	n	Batch Tool - PAC				
		Ophthaln	nologist					
		Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼		500.00					
	Cuter (Speedily)	0 0	0 0 0 0 0 0					
В.	Full Name (Last, First, Middle Initial) James Lusk			Date of Receipt				
	Mailing Address 451 Ashley Ridge Bouleva	ard		M M / D D / Y Y Y Y				
	#2 Minden Medical Plaza		7' 0 1	09 13 2005				
	City	State Zip Code		Transaction ID: CH4FDB726054				
	Shreveport	LA	71106-7229	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		365.00				
				Batch Tool - PAC				
	colf	Occupation						
		Ophthaln Aggregate	Year-to-Date ▼	$\dashv$				
	Primary General	7 iggi ogalo		1				
	Other (specify) ▼		365.00					
_				•				
C.	Full Name (Last, First, Middle Initial) Charles Lyon			Date of Receipt				
	Mailing Address 836 Olive Street			M " M   / D " D   / Y " Y " Y " Y				
	<del></del>			09 06 2005				
	City Shreveport	State LA	Zip Code 71104-2102	Transaction ID: CH3ZVK034167				
	•		71104-2102	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		365.00				
oolf '		Occupation	 n	Batch Tool - PAC				
		Ophthaln	nologist					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		365.00	1				
	Other (specify)							
Г								
s	SUBTOTAL of Receipts This Page (optional)							
	OTAL THE DISEASE AND ALL THE CONTRACTOR OF THE C	`						
ΙT	OTAL This Period (last page this line number only	/)	<b>P</b>					

SCHEDULE A (FEC Form 3X)		llos seperato sebadula(a)	FOR LINE NUMBER: PAGE 50 / 96	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGEN 13		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	ny information copied from such Reports and Statem	ents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	e and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	American Academy of Ophthalmology Inc I	Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) David Mallory			Date of Receipt
	Mailing Address 1240 Southwest 44th			09 20 2005
	City	State	Zip Code	Transaction ID: 70WPKC451054
	Oklahoma City	OK	73109-3604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C .		365.00
	Name of Employer O	ccupation	า	Batch Tool - PAC
	colf	•	nologist	
	· · · · · · · · · · · · · · · · · · ·	•	Year-to-Date ▼	7
	Primary General	1 1	005.00	1
	Other (specify) ▼	0 0	365.00	
— В.	Full Name (Last, First, Middle Initial) Delia Manjoney			Date of Receipt
	Mailing Address 2720 Main Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: CH4191178058
	Bridgeport	CT	06606-5308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	colf	ccupation		Batch Tool - PAC
		•	nologist • Year-to-Date ▼	_
	Primary General	iggregale	rtear-to-Date V	
	Other (specify) ▼		750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mark Mannis			Date of Receipt
	Mailing Address Uc Davis Department of Op 4860 Y Street #2400	ohthalm	olo	09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State		Zip Code	Transaction ID: CH4H9H262800
Sacramento CA		CA	95817-2307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	colf	ccupation phthaln	n nologist	Batch Tool - PAC
	•	•	Year-to-Date ▼	
	Primary General	-	050.00	
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1365.00
	, , ,		•	
ΙT	<b>OTAL</b> This Period (last page this line number only)		<b>P</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	ly information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
33.	Full Name (Last, First, Middle Initial) Thomas Marvelli  Mailing Address 6273 Granbury Road  City Fort Worth  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)  City Full Name (Last, First, Middle Initial) G. Philip Matthews  Mailing Address 5421 La Sierra Drive  City Dallas  FEC ID number of contributing federal political committee.  Name of Employer self	State TX  C  Occupatior Ophthalm Aggregate  State TX  C  Occupatior Ophthalm	Zip Code 76133-3401  n nologist Year-to-Date ▼  Zip Code 75231-4107	Date of Receipt    M M
<b>D.</b>	Name of Employer self	State IN C Occupation Ophthalm		Date of Receipt  M M M / D D / Y Y Y Y Y  O 9 / D D / 2 0 0 5  Transaction ID: 3E48IDJN8BIF  Amount of Each Receipt this Period  500.00  PACWEB GENERATED CONTRIBUTION
s	UBTOTAL of Receipts This Page (optional)		······	1365.00
T	OTAL This Period (last page this line number only)	١	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X	)	Lisa sanarata sahadula(s)	FOR LINE NUMBER: PAGE 52 / 96
ITEMIZED RECEIPTS	,	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
Any information copied from such Reports and	l Statements ma	v not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using t	he name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	gy Inc Politica	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial)  A. David McClure			Date of Receipt
Mailing Address 1255 Pineview Drive	!		09 30 2005
City	State	Zip Code	Transaction ID: 06595-21784609556198
Morgantown	WV	26505-2713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self	Occupatio Ophthalr		PAC 2nd of 4
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial)  3. John McGetrick			Date of Receipt
Mailing Address Gessler Clinic 635 First St. N			09 / 12 / 2005
City	State	Zip Code	Transaction ID: CH4BVC433119
Winter Haven	FL	33881-4129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00  Batch Tool - PAC
Name of Employer self	Occupatio Ophthalr		Batti 1001 - FAC
Receipt For:	_,	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial)  C. Edward McGill			Date of Receipt
Mailing Address Suite 405 7710 Mercy Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: CH4C2F329122
Omaha	NE	68124-2372	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			865.00
TOTAL This Davis d /lock many this line was the	or only)		
TOTAL This Period (last page this line numb	er orny)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ang or f	y information copied from such Reports and Stat or commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Norman Medow  Mailing Address 225 East 64th Street  City New York  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State NY  C  Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Calvin Mein  Mailing Address Suite 166 4499 Medical Drive  City San Antonio  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State TX  C  Occupation Ophthaln Aggregate		Date of Receipt  M M Z D Z D Z D Z D D Z D Z D D Z D Z D
C.	Full Name (Last, First, Middle Initial) Toufic Melki Mailing Address the Retina Cntrs of Wasl 15020 Shady Grove Roa City Rockville FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State MD  Occupation Ophthaln	Zip Code 20850-3379	Date of Receipt  M M / 21 / 2005  Transaction ID: 70WSUS141860  Amount of Each Receipt this Period  365.00  Batch Tool - PAC
SI	JBTOTAL of Receipts This Page (optional)		·····	1095.00
TC	OTAL This Period (last page this line number on	ıly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 54/96
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and Sta	tements mav	not be sold or used by any perso	
or for commercial purposes, other than using the na	ame and add	ress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)	_
Full Name (Last, First, Middle Initial) A. Anita Miedziak			Date of Receipt
Mailing Address Princeton Eye Group 419 N Harrison Street			09 / 15 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: CH4GWY694862
Princeton	NJ	08540-3521	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		Batch Tool - PAC
self	Ophthalm	<u> </u>	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Care (open) V	0 0	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)  3. Carl Migliazzo			Date of Receipt
Mailing Address 7504 Antioch Road  City State			09 / 02 / 4 2005
		Zip Code	Transaction ID: 0532502
Overland Park	KS	66204-2622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self	Occupation		Batch Tool - PAC
	Ophthalm		
Receipt For:  Primary General	Aggregate	Year-to-Date ▼	
Other (specify)	' '	500.00	
Full Name (Last, First, Middle Initial)  Lawrence Minardi			Date of Receipt
Mailing Address Suite 1			M M / D D / Y Y Y Y
500 Donnally Street		71.0.1	09 02 2005
City Charleston	State WV	Zip Code 25301-1648	Transaction ID: 0048817  Amount of Each Receipt this Period
FEC ID number of contributing		23301-1040	
federal political committee.	C		365.00
Name of Employer	Occupation		Batch Tool - PAC
self	Ophthalm		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)		365.00	
Ottier (Specify)			
SUBTOTAL of Receipts This Page (optional)			1365.00
TOTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Harvey Minatoya  Mailing Address Minatoya Eye Clinic 1003 Pensacola Street City	State	Zip Code	Date of Receipt    M M M
	Honolulu  FEC ID number of contributing federal political committee.  Name of Employer	C Occupation	96814-1927	Amount of Each Receipt this Period  365.00  Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Ophthaln		
3.	Full Name (Last, First, Middle Initial) Perry Mollick Mailing Address One Center Lane			Date of Receipt  0 9 1 3 2 0 0 5
	City Levittown  FEC ID number of contributing federal political committee.	State NY	Zip Code 11756-1032	Transaction ID: CH4FDB539623  Amount of Each Receipt this Period  250.00
	Name of Employer self  Receipt For: Primary General Other (specify)	Occupation Ophthaln Aggregate		Batch Tool - PAC
<b>C</b> .	Full Name (Last, First, Middle Initial) Dan Montzka  Mailing Address Suite 106 11031 US Highway 19  City Port Richey  FEC ID number of contributing federal political committee.	State FL	Zip Code 34668-2248	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophthaln Aggregate		Batch Tool - PAC
S	UBTOTAL of Receipts This Page (optional)			980.00
T	OTAL This Period (last page this line number or	nlv)	-	

SCHEDULE A (FEC Form 3X)		Harris and a selection of the selection (s)	FOR LINE NUMBER: PAGE 56 / 96	
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
CI		anie and add	biess of any political committee to	Solicit Contributions from Such Committee.
	NAME OF COMMITTEE (In Full)	a Dalitical	Committee (ODUTUDAC)	
$\angle$	American Academy of Ophthalmology In	ic Political	Committee (OPHTHPAC)	
A.	Full Name (Last, First, Middle Initial) Sanford Moretsky			Date of Receipt
	Mailing Address 2125 West Indian School	l Road		0 9 1 3 2 0 0 5
	City	State	Zip Code	Transaction ID: CH4FDB894791
	Phoenix	ΑZ	85015-4908	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		500.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) John Morrison			Date of Receipt
	Mailing Address Casey Eye Institute			M M / D D / Y Y Y Y
	3375 Southwest Terwillig	ger Boulev	a	09 13 2005
	City	State	Zip Code	Transaction ID: CH4FDB275886
	Portland	OR	97239-4146	Amount of Each Receipt this Period
	FEC ID number of contributing			365.00
	federal political committee.	C		303.00
	Name of Employer	Occupation	2	Batch Tool - PAC
	self	Ophthaln		
	Receipt For:		Year-to-Date <b>V</b>	-
	Primary General	1.999		1
	Other (specify) ▼		365.00	
	Full Name (Last First Middle Initial)			1
C.	Full Name (Last, First, Middle Initial) Frank Moya			Date of Receipt
	Mailing Address Suite 100 2025 Frontis Plaza Boule	evard		09 07 2005
	City	State	Zip Code	Transaction ID: CH40C1018685
	Winston-Salem	NC	27103-5663	Amount of Each Receipt this Period
	FEC ID number of contributing			265.00
	federal political committee.	C		365.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln	<del>-</del>	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		365.00	
	Other (specify)		000.00	
_				
_				1230.00
Ls	UBTOTAL of Receipts This Page (optional)		······	12010
1				

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 57/96
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and Star or for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial)  A. Paul Moyer			Date of Receipt
Mailing Address 520 Bruton Circle			09 / 20 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 70WPKC254228
Kettering	OH	45429-1624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation		Batch Tool - PAC
Receipt For:	Ophthain Aggregate	e Year-to-Date <b>V</b>	-
Primary General Other (specify)	riggrogate	365.00	
cass (eposity) <b>\</b>	0 0	0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial)  3. G. Peyton Neatrour			Date of Receipt
Mailing Address 2676 Wimbledon Point [	Orive		09 / 20 / 4 2005
City	State	Zip Code	Transaction ID: 70WPKC546804
Virginia Beach	VA	23454-1167	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation		Batch Tool - PAC
	Ophthaln	<u> </u>	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify)		365.00	
Full Name (Last, First, Middle Initial)  C. Steven Newman			Date of Receipt
Mailing Address PO Box 800715			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 70X2PN517769
Charlottesville	VA	22908-0715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
		0 0 0 0 0 0 0	
SUBTOTAL of Receipts This Page (optional)		·····	1230.00
TOTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Politica	I Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial)  Mildred M. G. Olivier  Mailing Address Suite 110  1575 N Barrington Road  City	l State	Zip Code	Date of Receipt    M M M
	Hoffman Estates  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify)	Occupation Ophthalm Aggregate		Amount of Each Receipt this Period  365.00  Batch Tool - PAC
3.	Full Name (Last, First, Middle Initial) William Orenberg  Mailing Address 31 Centennial Drive  City Peabody  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State MA  C  Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C.</b>	Full Name (Last, First, Middle Initial) Samuel Packer  Mailing Address 84 Beverly Road  City Great Neck  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State NY  C  Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		<b>_</b>	1080.00
T	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 59/96
IT	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stat or commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Kirk Packo			Date of Receipt
	Mailing Address Rush University Medical 1725 W Harrison Street	Center Suite 931		09 / 22 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 70WUS2854245
	Chicago	IL	60612-3841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	365.00	
3.	Full Name (Last, First, Middle Initial) Shawn Parker			Date of Receipt
	Mailing Address 360 S Mount Auburn Roa	09 14 2005		
	City	State	Zip Code	Transaction ID: CH4GWY699588
	Cape Girardeau	MO	63703-4920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
). D.	Full Name (Last, First, Middle Initial) Daniel Petashnick			Date of Receipt
	Mailing Address 732 Main Street			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: CH4191011728
	Manchester	CT	06040-5106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Occupation Ophthali			Batch Tool - PAC	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		250.00	
sı	JBTOTAL of Receipts This Page (optional)			980.00
т	OTAL This Period (last page this line number on	ılv)		

SCHEDULE A (FEC Form 3)	X)	Lisa sanarate sahadula(s)	FOR LINE NUMBER: PAGE 60 / 96
ITEMIZED RECEIPTS	,	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
Any information copied from such Reports a	nd Statements may	y not be sold or used by any perso	13 14 15 16 17
or for commercial purposes, other than using	the name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmol	ogy Inc Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) A. Anthony Pilavas			Date of Receipt
Mailing Address 25-09 31st Avenue	!		09 07 2005
City Astoria	State NY	Zip Code 11106-3620	Transaction ID: CH41BE512922  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11100 0020	365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)  3. Jonathan Ply	l		Date of Receipt
Mailing Address 3911 Highway 17 I	Bypass		09 06 2005
City	State	Zip Code	Transaction ID: CH3YQG507518
Murrells Inlet	SC	29576-5014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00  Batch Tool - PAC
Name of Employer self	Occupation Ophthaln		Batch 1001 - FAC
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial)  2. Daniel Pope			Date of Receipt
Mailing Address 426 Manatee Aven	ue W		09 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State		Zip Code	Transaction ID: 70WP7N682336
<u>Bradenton</u>	FL	34205-8845	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00  Batch Tool - PAC
Name of Employer self	Occupation Ophthaln		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option	al)		1095.00
TOTAL This Period (last page this line num	nber only)		

SC	HEDULE A (FEC Form 3X)		Lice congrete cohodule(s)	FOR LINE NUMBER: PAGE 61 / 96	$\Box$		
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)			
	3=== 3		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   1	7		
Any	information copied from such Reports and Stater commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)	ame and add	dress or any political committee to	Solicit Contributions from Such Committee.	$\dashv$		
\	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)				
۱. ا	Full Name (Last, First, Middle Initial) Peter Pritchett			Date of Receipt			
1	Mailing Address 1800 E Pavilion Place			09 13 7 2005			
	Dity	State	Zip Code	Transaction ID: CH4E2S683617			
-	Montrose	CO	81401-5337	Amount of Each Receipt this Period	1		
	FEC ID number of contributing ederal political committee.	C		1000.00			
1	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC			
Ē	Receipt For:		Year-to-Date <b>V</b>				
	Primary General Other (specify) ▼		1000.00				
_	Full Name (Last, First, Middle Initial) Brian Ranelle			Date of Receipt	_		
١	Mailing Address 1872 Norwood Drive			09 20 YYYY 2005			
	City	State	Zip Code	Transaction ID: 70WP7N912822			
-	Hurst	TX	76054-3066	Amount of Each Receipt this Period	1		
	FEC ID number of contributing ederal political committee.	C		365.00			
	Name of Employer self	Occupation		Batch Tool - PAC			
Ī	Receipt For:	Ophthalm Aggregate	nologist e Year-to-Date ▼	-			
	Primary General	7.99.094.0					
	Other (specify) ▼	0 0	365.00				
	Full Name (Last, First, Middle Initial) David Ranz			Date of Receipt			
ľ	Mailing Address Stones River Eye Center 171 Heritage Park Drive			09 06 YYYYY 2005			
	City	State	Zip Code	Transaction ID: CH3YQG928826			
_	Murfreesboro	TN	37129-1573	Amount of Each Receipt this Period	1		
	FEC ID number of contributing ederal political committee.	C		365.00			
1	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC			
F	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		365.00				
su	SUBTOTAL of Receipts This Page (optional)						
_			·		1		
TO	TAL This Period (last page this line number on	ly)	<b>&gt;</b>		4		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62/96
ITEMIZED RECEIPTS		or each category of the	(check only one)	
"	LIMIZED RECEIPTS		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δr	ry information copied from such Reports and State	mente mai	y not he sold or used by any ners	
or	for commercial purposes, other than using the name	ne and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Silas Read			Date of Receipt
	Mailing Address 957 Baxter Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0894885
	Athens	GA	30606-3754	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer	Occupation	า	Batch Tool - PAC
	colf '	Ophthaln		
		•	Year-to-Date ▼	
	Primary General		005.00	1
	Other (specify) ▼	0 0	365.00	
В.	Full Name (Last, First, Middle Initial) John Reifschneider			Date of Receipt
	Mailing Address Reifschneider Eye Center 1001 6th Avenue Suite 10		С	M M / D D / Y Y Y Y Y Y Y Y Y 12 0 0 5
	City	State	Zip Code	Transaction ID: CH4C2F712566
	Leavenworth	KS	66048-3248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	colf	Occupation Ophthaln		Batch Tool - PAC
		•	Year-to-Date <b>V</b>	
	Primary General	7 1991 09411		1
	Other (specify) ▼	0 0	365.00	
<u> </u>	Full Name (Last, First, Middle Initial) R. David Reynolds			Date of Receipt
	Mailing Address 419 North Harrison Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: CH4GWY235075
	Princeton	NJ	08540-3521	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
				Batch Tool - PAC
	o olf	Occupation Ophthaln		Baton 1001 1710
			Year-to-Date ▼	
	Primary General		F00.00	1
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1230.00
Ť				
T	OTAL This Period (last page this line number only	')		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 96			
	EMIZED RECEIPTS		or each category of the	(check only one)			
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17			
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions			
$\overline{}$	NAME OF COMMITTEE (In Full)						
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)				
۹.	Full Name (Last, First, Middle Initial) Alexander Glen Rico			Date of Receipt			
	Mailing Address 2200 Northwest Myhre			09 / 13 / Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: CH4FDB314347			
	Silverdale	WA	98383-7681	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		365.00			
	Name of Employer	Occupation	 1	Batch Tool - PAC			
	self	Ophthaln					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		365.00				
	Other (specify) ▼	0 0	303.00				
3.	Full Name (Last, First, Middle Initial) John Denis Roarty			Date of Receipt			
	Mailing Address Childrens Hosp-Department 3901 Beaubien	ent of Opl	nth	09 / 27 / Y Y Y Y Y Y Y			
City State			Zip Code	Transaction ID: 70X4T2754254			
	Detroit	MI	48201-2119	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer self	Occupation		Batch Tool - PAC			
		Ophthaln	•				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)	' '	250.00				
		1 1	0 0 0 0 0 0 0				
Э.	Full Name (Last, First, Middle Initial) David Robinson			Date of Receipt			
	Mailing Address Delaware Eye Inst 18791 John J Williams H	lighway		0 9 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 70WP7N576572			
	Rehoboth Beach	DE	19971-4401	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC			
			Year-to-Date ▼	1			
	Primary General		265.00				
	Other (specify) ▼		365.00				
s	SUBTOTAL of Receipts This Page (optional)						
			<u> </u>				
T	OTAL This Period (last page this line number onl	ly)	<b>&gt;</b>				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 64 / 96				
ITEMIZED RECEIPTS		or each category of the	(check only one)					
••	LIVIIZED RECEIL 10		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17				
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)					
Α.	Full Name (Last, First, Middle Initial) Lawrence Ronning			Date of Receipt				
A.	Mailing Address 6046 Whipple Avenue			M M / D D / Y Y Y Y				
				09 07 2005				
	City	State	Zip Code	Transaction ID: CH41BE289900				
	North Canton	OH	44720-7616	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		365.00				
	Name of Employer self	Occupation		Batch Tool - PAC				
		Ophthaln						
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	1				
	Other (specify)		365.00					
В.	Full Name (Last, First, Middle Initial) Teresa Rosales			Date of Receipt				
	Mailing Address Suite 108 4100 Long Beach Boule	ward		09 01 2005				
	City 4100 Long Beach Bodie	State	Zip Code	Transaction ID: 0846714				
	Long Beach	CA	90807-2696	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		365.00				
	federal political committee.	C						
	Name of Employer	Occupation	n	Batch Tool - PAC				
	self	Ophthaln						
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼					
	Other (specify)	' '	365.00					
_	Full Name (Last, First, Middle Initial)			Date of Bossint				
C.	Steven Rosenfeld  Mailing Address Delray Eye Assoc			Date of Receipt				
	16201 S Military Trail			09 23 2005				
	City	State	Zip Code	Transaction ID: 70WUVF129217				
	Delray Beach	FL	33484-6503	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer	Occupation	1	Batch Tool - PAC				
self Ophthali								
	Receipt For: Aggregat		e Year-to-Date ▼					
	Primary General	' '	250.00					
	Other (specify)	0 0						
	L			980.00				
S	UBTOTAL of Receipts This Page (optional)	JBTOTAL of Receipts This Page (optional)						
Т.	OTAL This Period (last page this line number o	nly)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 65/96			
ITEMIZED RECEIPTS			or each category of the	(check only one)			
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17			
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions			
$\overline{}$	NAME OF COMMITTEE (In Full)						
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)				
۹.	Full Name (Last, First, Middle Initial) Jay Rudd			Date of Receipt			
	Mailing Address Clarus Eye Centre 420 Lilly Road Northeast		7.0.1	0 9 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Olympia	State WA	Zip Code 98506-5132	Transaction ID: CH4C2F615287  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	00000 0102	250.00			
		Ossusstia	-	Batch Tool - PAC			
	Name of Employer self	Occupation Ophthaln					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼	1 1	250.00				
3.	Full Name (Last, First, Middle Initial) Matthew Runde			Date of Receipt			
Mailing Address W5534 Southdale Drive				09 / 07 / Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: CH41BE159561			
	La Crosse	WI	54601-7147	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00  Batch Tool - PAC			
	Name of Employer self	Occupation Ophthaln		Balcii 100i - FAC			
	Receipt For:	•	e Year-to-Date ▼				
	Primary General		365.00				
	Other (specify) ▼		303.00				
Э.	Full Name (Last, First, Middle Initial) Norman Saffra			Date of Receipt			
	Mailing Address Med and Surg Eyesite Po 902 49th Street	;		09 / 08 / 2005			
	City	State	Zip Code	Transaction ID: CH411S681627			
	Brooklyn  FFG ID number of contributing	NY	11219-2922	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		365.00			
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		365.00				
s	SUBTOTAL of Receipts This Page (optional)						
	,		<u> </u>				
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>				

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 96
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)         X       11a       11b       11c       12         13       14       15       16       17
Any or fo	rinformation copied from such Reports and Sta or commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
١.	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
<b>4.</b> i	Full Name (Last, First, Middle Initial)  E. Ronald Salvitti  Mailing Address 750 East Beau Street Southwestern Pa Eye C  City	enter State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	Washington	PA	15301-6661	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	C		300.00
	Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophthaln Aggregate		Batch Tool - PAC
3.	Full Name (Last, First, Middle Initial) Eugene Martin Saravitz Mailing Address Bethlehem Eye Assoc			Date of Receipt
-	1530 8th Avenue City	State	Zip Code	09 07 2005
	Bethlehem	PA	18018-1883	Transaction ID: CH41BE815785  Amount of Each Receipt this Period
- I	FEC ID number of contributing federal political committee.	C	100101000	365.00
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
ļ	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Robert Sax			Date of Receipt
-	Mailing Address 2222 6th Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 06595-17091006040573
Ī	Troy  FEC ID number of contributing rederal political committee.	C	12180-2203	Amount of Each Receipt this Period  125.00
-	Name of Employer self	Occupation Ophthaln	nologist	PAC 2nd of 4
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SU	BTOTAL of Receipts This Page (optional)			790.00
тс	TAL This Period (last page this line number o	nly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 96 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	NAME OF COMMITTEE (In Full)	ime and add	dress of any political committee to	solicit contributions from such committee.
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Kirk Scattergood			Date of Receipt
	Mailing Address 2253 W Mason Street			09 26 2005
	City	State	Zip Code	Transaction ID: 06595-13778322935104
	Green Bay	WI	54303-4706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer self	Occupation Ophthaln		PAC 2nd of 4
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Matthew Schmidt		0 0 0 0 0 0 0	Date of Receipt
٥.	Mailing Address 7600 W College Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: CH41BE454547
	Palos Heights	<u>IL</u>	60463-1001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
— Э.	Full Name (Last, First, Middle Initial) Loren Schrenk			Date of Receipt
	Mailing Address Suite 201 12818 Tesson Ferry Roa			0 9 / 2 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City St. Louis	State MO	Zip Code 63128-2945	Transaction ID: 70WP7N912773  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00120 2040	365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
S	UBTOTAL of Receipts This Page (optional)			990.00
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 96 (check only one)  X 11a 11b 11c 12 15 16 17			
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)				
Full Name (Last, First, Middle Initial) Ivan Schwab Mailing Address Uc Davis/Department Ophthalmo			ogy	Date of Receipt  0 9 2 6 2 0 0 5			
	4860 Y Street Suite 2400 City Sacramento	State CA	Zip Code 95817-2307	Transaction ID: 70X281101192  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	33017-2307	500.00			
	self	Occupation Ophthalm Aggregate		Batch Tool - PAC			
3.	Full Name (Last, First, Middle Initial) Arthur Schwartz Mailing Address Suite 950 5454 Wisconsin Avenue	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City Chevy Chase FEC ID number of contributing federal political committee.	State MD	Zip Code 20815-6901	Transaction ID: 70X4CT474363  Amount of Each Receipt this Period  365.00			
	Name of Employer self ()  Receipt For: Primary General	Occupation Ophthalm Aggregate		Batch Tool - PAC			
_	Other (specify) ▼  Full Name (Last, First, Middle Initial)	0 0		D. (D. )			
<i>.</i>	Joseph Schwartz  Mailing Address Atlantic Retina Center Pa 31455 Winterplace Parkwa City Salisbury	Date of Receipt  Date of Receipt  0 9  0 7  2 0 0 5  Transaction ID: CH40C1914848  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	MD C	21804-1891	365.00			
	self	Occupatior Ophthaln Aggregate		Batch Tool - PAC			
SI	SUBTOTAL of Receipts This Page (optional)						
T	OTAL This Period (last page this line number only	)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 69 / 96				
	ITEMIZED RECEIPTS		or each category of the	(check only one)				
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17				
Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology I	no Political	Committee (ODUTUDAC)					
	American Academy of Ophthalmology i	nc Fontical	Committee (OFTTTIFAC)					
_	Full Name (Last, First, Middle Initial)			Data of Bassist				
A.	Richard Seeger  Mailing Address 1015 Ridge Road			Date of Receipt				
				09 02 2005				
	City	State	Zip Code	Transaction ID: 0629203				
	Webster	NY	14580-2907	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer self	Occupation		Batch Tool - PAC				
		Ophthaln		_				
	Receipt For:    Primary   General	Aggregate	e Year-to-Date ▼	1				
	Other (specify)		500.00					
_								
В.				Date of Receipt				
	Mailing Address 4925 J Street			09 12 2005				
	City	State	Zip Code	Transaction ID: CH4C2F525807				
	Sacramento	CA	95819-3828	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		365.00				
	Name of Employer	Occupation	 1	Batch Tool - PAC				
	self	Ophthaln						
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼	' '	730.00					
	Galer (Gpss.ij) V	0 0	0 0 0 0 0 0 0	1				
_	Full Name (Last, First, Middle Initial)			Date of Descript				
C.	William Shachtman  Mailing Address 1725 E Prospect Road			Date of Receipt				
				09 12 2005				
	City	State	Zip Code	Transaction ID: CH4C2F684250				
	Fort Collins	CO	80525-1307	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		365.00				
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC				
		e Year-to-Date ▼						
	Primary General	1	365.00					
	Other (specify)	0 0		1				
	UBTOTAL of Receipts This Page (optional)			1230.00				
$\vdash$	OBTOTAL of Necepts This Fage (optional)							
т	OTAL This Period (last page this line number or	nly)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۸.	Full Name (Last, First, Middle Initial) David Shepherd  Mailing Address Suite 103 41935 W 12 Mile Road			Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Novi	State MI	Zip Code 48377-3111	Transaction ID: CH3ZVK464331
	FEC ID number of contributing federal political committee.	C	48377-3111	Amount of Each Receipt this Period  365.00
	Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophthaln Aggregate		Batch Tool - PAC
3.	Full Name (Last, First, Middle Initial)  M. Bruce Shields  Mailing Address  Yale Union Sch Med-Oph	Date of Receipt  0 9 0 2 2 0 0 5		
	330 Cedar Street PO Box	Transaction ID: 0103457		
	New Haven	CT	Zip Code 06510-3218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
).	Full Name (Last, First, Middle Initial) James Shreck			Date of Receipt
	Mailing Address 1307 South Willow			09 / 26 / 2005
	City	State	Zip Code	Transaction ID: 70X2KL364073
	North Platte  FEC ID number of contributing federal political committee.	NE C	69101-6011	Amount of Each Receipt this Period  1000.00
	Name of Employer self	Occupation	nologist	Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
S	UBTOTAL of Receipts This Page (optional)		·····	1615.00
T	OTAL This Period (last page this line number on	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM			
	EMIZED RECEIPTS		or each category of the	(check only one	´ — —		
•	LIVIIZED HEOLII 10		Detailed Summary Page	$\rightarrow$	11b   11c   12 14   15   16   17		
Δn	by information conied from such Reports and Stateme	ents mav	not be sold or used by any perso				
or	ly information copied from such Reports and Stateme for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contribution	ns from such committee.		
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
$\rangle$	American Academy of Ophthalmology Inc Pe	Political	Committee (OPHTHPAC)				
۹.	Full Name (Last, First, Middle Initial) Piero Simone			Date of Rec	eipt		
	Mailing Address 4101 Wentworth Drive			09	06 / 2005		
		State	Zip Code		ID: CH3ZVK910834		
	Troy N	MI	48098-5913	Amount of E	Each Receipt this Period		
	FEC ID number of contributing federal political committee.				500.00		
	Name of Employer Occ self	ccupation		Batch Tool	- PAC		
		phthalm					
		ggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		500.00				
	Other (specify)	1 1	0 0 0 0 0 0 0				
3.	Full Name (Last, First, Middle Initial) Harinderjit Singh			Date of Rec	eipt		
	Mailing Address Suite 201 3685 Wheeler Road			M M / 0 9	02 2005		
		State	Zip Code		ID: 0318365		
		GA	30909-6446		Each Receipt this Period		
	FEC ID number of contributing		1 1 1 1 1		300.00		
	federal political committee.	_ اف					
	Name of Employer Occ	ccupation		Batch Tool	- PAC		
	colf	phthalm					
		ggregate	Year-to-Date ▼				
	Primary General	1 1	300.00				
	Other (specify)	0 0					
<b>)</b> .	Full Name (Last, First, Middle Initial) Peter Christian Smith			Date of Rec	eipt		
	Mailing Address Clearwater Eye and Laser Co 610 Lakeview Road	Center		M M / 0 9	0 1 Y Y Y Y Y Y 2 0 0 5		
		State	Zip Code	Transaction	ID: 0855012		
	<u>Clearview</u> F	FL	33756-3336	Amount of E	Each Receipt this Period		
	FEC ID number of contributing federal political committee.				365.00		
	Name of Employer Occ	ccupation		Batch Tool	- PAC		
self Oph		phthalm					
			Year-to-Date ▼	7			
	Primary General	-	365.00				
	Other (specify) ▼	1 1	303.00				
•	SUPTOTAL of Respirets This Resp (entions)						
	UBTOTAL of Receipts This Page (optional)		······································				
т.	OTAL This Period (last page this line number only)		<b>)</b>	L			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Stephen Smith  Mailing Address 4225 Evans Avenue  City Fort Myers  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify)	State FL C Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial)  Jeffery Snow  Mailing Address South 427 Bernard  City  Spokane  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify)	State WA  C Occupation Ophthaln Aggregate		Date of Receipt  M M C 2 6 2 0 0 5  Transaction ID: 70X281655958  Amount of Each Receipt this Period  365.00  Batch Tool - PAC
	Full Name (Last, First, Middle Initial)  Michael Stagner  Mailing Address Attn: Barbara J.  2403 Stockton Hill Road  City  Kingman  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General  Other (specify)	State AZ  C Occupation Ophthaln		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	JBTOTAL of Receipts This Page (optional)		<b>_</b>	1095.00
T	OTAL This Period (last page this line number or	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 73/96
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology In	nc Politica	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Robert Stamper			Date of Receipt
	Mailing Address Ucsf Department Ophtha 10 Koret Way Room K-3			09 / 07 / 2005
	City	State	Zip Code	Transaction ID: CH40C1852555
	San Francisco	CA	94143-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	e Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Drew Stoken			Date of Receipt
	Mailing Address 338 Alexander Spring Ro	oad		09 / 09 / 2005
	City	State	Zip Code	Transaction ID: GDQDPGAH24HC
	Carlisle	PA	17013-9129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		PACWEB GENERATED CONTRIBU- TION
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
 C.	Full Name (Last, First, Middle Initial) Domenic Strazzulla			Date of Receipt
	Mailing Address Suite 1A1 500 Congress Street			09 13 / 4 2005
	City	State	Zip Code	Transaction ID: CH4FDB137204
	Quincy	MA	02169-0908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
S	UBTOTAL of Receipts This Page (optional)			1115.00
т.	OTAL This Period (last page this line number or	nlv)	·	
		, ,	· · · · · · · · · · · · · · · · · · ·	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 74 / 96 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial)  Marvin Talansky  Mailing Address 3333 Fairmont Avenue			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: CH4C2F492522
	Asbury Park	NJ	07712-4010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) William Tasman			Date of Receipt
	Mailing Address Suite 1510 840 Walnut Street			09 / 07 / Y Y Y Y Y Y Y
	City Philadelphia	State PA	Zip Code	Transaction ID: CH41BE353453
	FEC ID number of contributing federal political committee.	C	19107-5109	Amount of Each Receipt this Period  365.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
<u> </u>	Full Name (Last, First, Middle Initial) Richard Tax			Date of Receipt
	Mailing Address Tricounty Eye Physicians 319 2nd Street Pike	Surgeons	S	09 / 23 / 2005
	City Southampton	State PA	Zip Code 18966-3812	Transaction ID: 70WUVF123462  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10300 0012	365.00
	Name of Employer self	Occupation Ophthalm	nologist	Batch Tool - PAC refunded \$265 on 12.9.0
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
SI	UBTOTAL of Receipts This Page (optional)			1230.00
T	OTAL This Period (last page this line number onl	y)	<b></b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 75 / 96 (check only one)
	EMIZED RECEIF 13		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Stuart Terry			Date of Receipt
	Mailing Address 1100 N Main Avenue			09 / 07 / 2005
	City	State	Zip Code	Transaction ID: CH40C1838857
	San Antonio	TX	78212-4701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Lyle Teska			Date of Receipt
	Mailing Address 304 S Cottonwood Suite A			09 / 02 / 4 2005
	City	State	Zip Code	Transaction ID: 0376294
	Richardson	TX	75080-5702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
<b>D.</b>	Full Name (Last, First, Middle Initial) Gregory Lee Thorgaard			Date of Receipt
	Mailing Address 135 Deppe Lane			09 / 13 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: CH4E2S700782
	Ottumwa	IA	52501-1218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
s	UBTOTAL of Receipts This Page (optional)			1230.00
_				
T	OTAL This Period (last page this line number on	ıly)	<b>&gt;</b>	

SCHEDULE A (FEC FO	-	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 96 (check only one)    X
Any information copied from such F or for commercial purposes, other the	Reports and Statements may han using the name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Ful American Academy of Oph	,	Committee (OPHTHPAC)	
Full Name (Last, First, Middle In Isaac Torem	itial)		Date of Receipt
Mailing Address 2932 Young	gstown Road		0 9
City	State	Zip Code	Transaction ID: 0581853
Warren	OH	44484-5259	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle In Sebastian Troia	itial)		Date of Receipt
Mailing Address 515 N 98th	Street		0 9 1 3 2 0 0 5
City	State	Zip Code	Transaction ID: CH4FGS720376
<u>Omaha</u>	NE	68114-2344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation		Batch Tool - PAC
	Ophthaln		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle In Gary Tylock	itial)		Date of Receipt
Mailing Address 3100 N Mad	carthur Boulevard		09 19 2005
City	State	Zip Code	Transaction ID: 70WP7N420876
Irving	TX	75062-4451	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00 Batch Tool - PAC
Name of Employer self	Occupation Ophthaln		Batch 1001 - FAC
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page	e (optional)		1365.00
	v F/		

TOTAL This Period (last page this line number only) .....

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 77 / 96 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Sara Vegh			Date of Receipt
	Mailing Address Suite 105 1880 W Winchester Roa	ıd		09 07 2005
	City	State	Zip Code	Transaction ID: CH40C1738716
	Libertyville	IL	60048-5321	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
3.	Full Name (Last, First, Middle Initial) Michael Versackas			Date of Receipt
	Mailing Address Suite 202 1212 Pleasant Street			09 / 01 / 4 2005
	City	State	Zip Code	Transaction ID: 0500851
	Des Moines	IA	50309-1414	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00  Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		Batch 1001 - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
<del></del>	Full Name (Last, First, Middle Initial) Mark Volpicelli			Date of Receipt
	Mailing Address 1174 Castro Street Suite 100			09 / 08 / 2005
	City Mayatain View	State	Zip Code	Transaction ID: CH411S823049
	Mountain View	CA	94040-2568	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		365.00	
SI	UBTOTAL of Receipts This Page (optional)			1095.00
т	OTAL This Period (last page this line number or	nlv)	·	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 / 96
ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
<ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>	ame and add	aress or any political committee to	solicit contributions from such committee.
American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Stephen Waltman			Date of Receipt
Mailing Address 111 W Lincoln			09 / 06 / 2005
City Belleville	State IL	Zip Code 62220-2019	Transaction ID: CH3ZVK468359  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:		Year-to-Date ▼	-
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial)  3. Charles Wesley			Date of Receipt
Mailing Address Suite 101 18051 River Avenue			09 / 12 / Y Y Y Y Y Y Y
City Noblesville	State IN	Zip Code	Transaction ID: CH4C2F941659
FEC ID number of contributing		46062-7091	Amount of Each Receipt this Period
federal political committee.	C		365.00  Batch Tool - PAC
Name of Employer self	Occupation Ophthaln		Datch 1001 - PAC
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial)  2. Amy Wexler			Date of Receipt
Mailing Address 509 S Lenola Road Suite 11			09 / 20 / 4 2005
City	State	Zip Code	Transaction ID: 70WP7N974425
Lenola	NJ	08057-1561	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00  Batch Tool - PAC
Name of Employer self	Occupation Ophthaln	nologist	Batti 1001-1 AC
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		365.00	
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	1230.00
TOTAL This Period (last page this line number on	ıly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 79/96
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)         X       11a       11b       11c       12         13       14       15       16       17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial)  Maynard Wheeler  Mailing Address PO Box 538  10 Sandy Brae  City  Grantham  FEC ID number of contributing federal political committee.  Name of Employer	State NH C	Zip Code 03753-0538	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For:  Primary General  Other (specify) ▼	Ophthaln		
В.	Full Name (Last, First, Middle Initial) Thomas Whitaker  Mailing Address 900 Med Circle			Date of Receipt  0 9 0 6 2 0 0 5
	City	State	Zip Code	Transaction ID: CH3YQG273413
	Myrtle Beach  FEC ID number of contributing federal political committee.  Name of Employer	SC C	29572-4114	Amount of Each Receipt this Period 625.00  Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Ophthaln		
C.	Full Name (Last, First, Middle Initial) Wayne Whitmore Mailing Address 116 E 68th Street			Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City New York	State NY	Zip Code 10021-5955	Transaction ID: 0071183  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1001.000	365.00
	Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophthaln Aggregate		Batch Tool - PAC
s	UBTOTAL of Receipts This Page (optional)			1240.00
Т	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
A. 3.	Full Name (Last, First, Middle Initial) Martyn Wills  Mailing Address 211 North Eddy Street  City South Bend  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Donald Wilson  Mailing Address 201 Pennsylvania Parkwa  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer	State IN C Occupation Ophthaln Aggregate	Zip Code 46617-2808  n nologist  Year-to-Date ▼  500.00  Zip Code 46280-2301	Date of Receipt  M M M / D D / 2005  Transaction ID: CH4E2S526855  Amount of Each Receipt this Period  500.00  Batch Tool - PAC  Date of Receipt  M M M / D D / 2 0 0 5  Transaction ID: 70X281502758  Amount of Each Receipt this Period  500.00  Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Ophthaln		
Э.	Full Name (Last, First, Middle Initial) Richard Winslow Mailing Address 3414 Oak Grove Avenue  City Dallas  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State TX  C  Occupation Ophthaln Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)		······	1365.00
Т	OTAL This Period (last page this line number onl	v)	<b>&gt;</b>	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 81 / 96
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED RECEIL TO		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Δn	y information copied from such Reports and Stat	ements may	y not be sold or used by any perso	<del></del>
or	or commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Jonathan Wise			Date of Receipt
	Mailing Address 3816 Hollywood Bouleva	rd Suite 1	01	09 / 07 / 4 2005
	City	State	Zip Code	Transaction ID: CH40C1368143
	Hollywood	FL	33021-6750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date <b>V</b>	+
	Primary General	199.19		1
	Other (specify) ▼	0 0	365.00	
3.	Full Name (Last, First, Middle Initial) Chauncey Witcraft			Date of Receipt
	Mailing Address 310 Second Avenue Sou	thwest		09 13 7 2005
	City	State	Zip Code	Transaction ID: CH4FDB223383
	Miami	OK	74354-6743	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial)			Date of Dessirt
	Michael Wong  Mailing Address 419 N Harrison Street			Date of Receipt
				09 15 2005
	City	State	Zip Code	Transaction ID: CH4GWY049475
	Princeton	NJ	08540-3521	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		300.00	
SI	JBTOTAL of Receipts This Page (optional)			1365.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 82/96
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
Δ.	winformation against from a rob Departs and Ct	atamanta ma	, not be cald as used by any name	13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	oslicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)	
A.	Full Name (Last, First, Middle Initial) Richard Wong			Date of Receipt
	Mailing Address 419 N Harrison Street			09 15 2005
	City	State	Zip Code	Transaction ID: CH4GWY314675
	Princeton	NJ	08540-3521	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	n	Batch Tool - PAC
	self	Ophthaln	nologist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	500.00	1
	Other (specify) ▼	0 0		1
В.	Full Name (Last, First, Middle Initial) Lawrence Wright			Date of Receipt
	Mailing Address Suite 150 3100 Timmons Lane			09 07 2005
	City	State	Zip Code	Transaction ID: CH41BE022526
	Houston	TX	77027-5926	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	300.00
	federal political committee.	C		300.00
	Name of Employer	Occupation		Batch Tool - PAC
	self	Ophthaln		
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General		000.00	1
	Other (specify) ▼	0 0	300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Robert Arthur Yohai			Date of Receipt
	Mailing Address 864 Second Street			M M / D D / Y Y Y Y
				09 02 2005
	City	State	Zip Code	Transaction ID: 0712250
	Santa Rosa	CA	95404-4610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General		265.00	1
	Other (specify) ▼	0 0	365.00	1
				1165.00
S	UBTOTAL of Receipts This Page (optional)		······	1105.00
_	OTAL TI: D : 14	-1.		90320.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 96 (check only one)  11a 11b 11c 12 13 14 15 16 17 17
	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	y Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Union Bank Mailing Address 400 California Street		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Francisco FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code CA 94104  C Occupation	Transaction ID: 3880050510075752429  Amount of Each Receipt this Period  55.20  MM interest 9/05
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  393.36	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	55.20
TOTAL This Period (last page this line number only)	<b>•</b>	55.20

	CHEDULE B (FEC Form 3X)	Use seperate schedule(s) for each category of the				INE NUMBER: only one)						GE	84 /	96
	EMIZED DISBURSEMENTS		I Summary Page	X	21b 27	Ė	22 28a		23 28b		24 28c		25 29	26 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam													s
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political (	Committee (OP	HTHP.	AC)									
Α.	Full Name (Last, First, Middle Initial) AAO SURGICAL SCOPE FUND						Date		isburs		ent		0909 0 ŏ t	5390912
	Mailing Address 655 BEACH ST						0 9			2		. 2	008	)
	City SAN FRANCISCO	State CA	Zip Code 94109				Amou	nt o	f Each	n Di:	sburse	men		
	Purpose of Disbursement AAO SSF funds						L.	_	-				200.	00
	Candidate Name			Cate										
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (sp	General pecify) ▼											
В.	Full Name (Last, First, Middle Initial) Union Bank						Date		isburs	eme	-			747992
	Mailing Address 400 California Street						0,8	IVI	/ D	3 0	] / [	Ž	0 0 5	5
	City San Francisco	State CA	Zip Code 94104				Amou	nt o	f Each	n Di:	sburse	-		
	Purpose of Disbursement Bank charges 9/05											. 2	2130.	15
	Candidate Name			Cate Typ										
	Office Sought:    House   Disburse     Senate   President     State: District:	ement For: Primary Other (sp	General pecify) ▼											

		2000 45
SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	2330.15
		2000 45
TOTAL This Period (last page this line number only)	•	2330.15

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check o	NE NUMBE	EK:	[ P.	AGE 85/	96
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and State							s
or for commercial purposes, other than using the nar  NAME OF COMMITTEE (In Full)	le and address of any political co	ommittee to	SOIICII CONI	ributions ii	rom such	committee	
American Academy of Ophthalmology Inc	Political Committee (OPH	THPAC)					
Full Name (Last, First, Middle Initial)			Trans	saction ID	: 671263	30509023	821017
A. Berkley for Congress				of Disburs		V * V * V *	V
Mailing Address 3069 Conquista Court			0 <sup>M</sup> 9	M / L	06	žoŏ5	5 '
City	State Zip Code		Amou	unt of Each	n Disburse	ement this F	Period
Las Vegas Purpose of Disbursement	NV 89121		- [			1000.	00
2006 Primary							
Candidate Name Berkley Shelley		Category/ Type					
X	ement For: 2006						
Senate President	Primary General Other (specify) ▼						
State: NV District: 01	(-  <b>/</b> /						
Full Name (Last, First, Middle Initial)			Trans	saction ID	: 597587	0509215	786413
Bilirakis for Congress				of Disburs			V.
Mailing Address 610 S Boulevard			0 9	M / D	22	žoŏs	5 <sup>Y</sup>
City	State Zip Code FL 33606		Amou	unt of Each	n Disburse	ement this F	Period
Tampa Purpose of Disbursement	FL 33006		- [			2500.	00
2006 Primary							
Candidate Name Bilirakis Gus	in the second se	Category/ Type					
9 17	ement For: 2006  Primary General						
President	Other (specify)						
State: FL District: 09							
Full Name (Last, First, Middle Initial)  Capuano for Congress Committee				saction ID of Disburs		80509285	270690
Mailing Address PO Box 440305			0 9	M / D	29 /	žoŏ5	5 Y
City Somerville	State Zip Code MA 02144		Amou	unt of Each	n Disburse	ement this I	Period
Purpose of Disbursement 2006 Primary		* *	T L.			1000.	00
Candidate Name Capuano Michael		Category/ Type					
Senate	ement For: 2006 Primary General						
President State: MA District: 08	Other (specify)						
SUBTOTAL of Disbursements This Page (optional)						4500.0	00
TOTAL This Period (last page this line number only	)						
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SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)			E NUME nly one)	SER:		[ P.	AGE	86 / 96	<u> </u>	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X	23 28b	24 28c	П	25 29	_	26 30b
Any Information copied from such Reports and Stateme											
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and address of any political co	וווזוווו	iee io s	SOIICIL COI	ıtribui	ions irc	om Such	COMM	щее		
American Academy of Ophthalmology Inc F	Political Committee (OPH	THP	AC)								
Full Name (Last, First, Middle Initial)  1. Charlie Melancon Campaign Committee Inc						ion ID:	464422 ement	20509	1546	342	53
Mailing Address 511 Congress Street PO Box 549				0	9 <sup>M</sup>	/ D 1	9 /	ž	0 Ď 5	Y	
	tate Zip Code _A 70390			Amo	ount c	f Each	Disburse	-		-	7
Purpose of Disbursement 2006 Primary								10	0.000	0	_
Candidate Name Melancon Charlie		Cateo Typ									
	nent For: 2006 Primary General Other (specify)										
Full Name (Last, First, Middle Initial)				Tro	2000	ion ID:	700353	20500	1546	900	
Cleaver for Congress				Date M	e of D	isburse	ement				11
Mailing Address 2300 Main Street Suite 10	000			0 !	9		9 /	2	0 Ď 5		
Kansas City	itate Zip Code MO 64108			Amo	ount c	f Each	Disburse				7
Purpose of Disbursement 2006 Primary	[				•			10	0.00	U	
Candidate Name Cleaver Emanuel		Cateo Typ									
President	nent For: 2006 Primary General Other (specify)										
State: MO District: 05  Full Name (Last, First, Middle Initial)				_			75.4505			<b>500</b>	
Democratic Senatorial Campaign Committee	ee					isburse				_	98
Mailing Address 120 Maryland Avenue Nor	theast			O S	9 ""	0	6 /	2	0 Ď 5		
,	State Zip Code DC 20002			Amo	ount c	f Each	Disburs	-		-	7
Purpose of Disbursement 2005 Contribution						-		, 50	0.000	0	_
Candidate Name		Cateo Typ									
	nent For: Primary General Other (specify)										
SUBTOTAL of Disbursements This Page (optional)			<b>•</b>					70	0.00	0	Ī
TOTAL This Period (last page this line number only) .			<b>•</b>								

SCILDOLL B (I LOI OIII 3X)	Use seperate schedule(s)	(check or	E NUMBER: ilv one)		PAG	iE 8//9	6
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	<u> </u>	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Statemers for commercial purposes, other than using the name							<u> </u>
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and address of any political co	mininuee to s	Oncil Contribi	uuons mon	n Such CO	mmuee	
American Academy of Ophthalmology Inc I	Political Committee (OPHT	ГНРАС)					
Full Name (Last, First, Middle Initial)			Transac	tion ID: 5	094330	5092158	08964
A. Dnc Services Corporation/Democratic Nation	onal Committee			Disbursen		V V	V
Mailing Address 430 South Capitol Street	Southeast		0 9	<sup>/</sup> 22		ž 0 ŏ 5	
	State Zip Code 20003		Amount	of Each D	Disbursem	ent this P	eriod
Purpose of Disbursement	20003					5000.0	0
2005 Contribution							
Candidate Name		Category/ Type					
Office Sought: House Disburser Senate	nent For: Primary General						
President	Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial)  3. Donald A. Manzullo for Congress				tion ID: 9		5090237	'19671
			M M	Disbursen	_	YY	Υ
Mailing Address PO Box 7783			0 9	0 6	3	ž 0 ŏ 5	
•	State Zip Code L 61126		Amount	of Each D	isbursem	ent this P	eriod
Purpose of Disbursement 2006 Primary		•				2500.0	0
Candidate Name Manzullo Donald		Category/ Type					
Office Sought: X House Disburser Senate X	nent For: 2006 Primary General						
President State: IL District: 16	Other (specify) ▼						
Full Name (Last, First, Middle Initial)			Transac	tion ID: 7	7794090	5000227	7/19/157
Friends for Jim McDermott				Disbursen	nent		
Mailing Address PO Box 21786			0 9	0 6	<u> </u>	ž 0 ŏ 5	
,	State Zip Code WA 98111		Amount	of Each D	isbursem	ent this P	eriod
Purpose of Disbursement 2006 Primary			<u> </u>			1000.0	0
Candidate Name McDermott Jim		Category/ Type					
Office Sought:  X House Senate President State: WA District: 07	nent For: 2006 Primary General Other (specify)						
State. WA District. 07						0.000	
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>				8500.0	0
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	y Information copied from such Reports and Staten or commercial purposes, other than using the nam											
\ \	NAME OF COMMITTEE (In Full)	o and address of any pointed	JUITI	muce IO	JUIC	COLIGIDI	uuu113 111	om aucil	JOHN	CC		
	American Academy of Ophthalmology Inc	Political Committee (OP	HTH	PAC)								
	Full Name (Last, First, Middle Initial)					Transac	tion ID:	: 865486	0509	91546	7468	30
٩.	Friends of Sherrod Brown						Disburse / D		v v	V	V	
	Mailing Address 2280 Kresge Drive Suite 800					0 9 M	1	9 /	' <u>2</u>	0 0 5		
	City Amherst	State Zip Code OH 44001				Amount	of Each	Disburs	ement	this P	eriod	
	Purpose of Disbursement	44001							2	500.0	0	1
	2006 Primary											-
	Candidate Name Brown Sherrod			tegory/ ype								
	X Senate X President	ement For: 2006 Primary General Other (specify)										
	State: OH District: 00											_
3.	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc						ction ID: Disburse	: 500748 ement	30509	90238	5118	37
	Mailing Address 175 South West Temple	Suite 650				0 9 M	/ DO	06 /	<sup>Y</sup> 2	0 0 5	Y	
	City Salt Lake City	State Zip Code UT 84101				Amount	of Each	Disburse	-			_ 1
	Purpose of Disbursement 2006 Primary					<u></u>			. 1	0.000	0	_
	Candidate Name Hatch Orrin			tegory/ ype								
	X Senate X President	ement For: 2006 Primary General Other (specify)										
	State: UT District: 00				-							_
Э.	Full Name (Last, First, Middle Initial) Hulshof for Congress - District 09 Missour	i				Date of	Disburse					)2
	Mailing Address PO Box 1621					0 9	/ D	9 /	ž	0 0 5	T	
	City Columbia	State Zip Code MO 65205				Amount	of Each	Disburs	ement	this Po	eriod	7
	Purpose of Disbursement 2006 Primary					<u></u>			2	0.000	0	_
	Candidate Name Hulshof Kenny			tegory/ ype								
	•	ement For: 2006 Primary General Other (specify)		•								
SI	JBTOTAL of Disbursements This Page (optional)			▶	•				5	500.0	0	]
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T	OTAL This Period (last page this line number only)			🕨	•							

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T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b	22	Х	23	24		25		26
		, ,		27	28a		28b	28c		29		30b
	y Information copied from such Reports and State for commercial purposes, other than using the nan										3	
\ \	NAME OF COMMITTEE (In Full)	To and address of any pointed of			 	Datic	3110 110					
$\rangle$	American Academy of Ophthalmology Inc	Political Committee (OPF	łТН	PAC)								
	Full Name (Last, First, Middle Initial)				Transa	actio	on ID:	918346	050	92158	3020	346
١.	Mark Kennedy 06				Date o	f Dis			ΥΥ	Y	Υ	
	Mailing Address PO Box 49333				0 9		2	<sup>D</sup> 2	. 2	0 Ď 5		
	City Blaine	State Zip Code MN 55449			Amour	nt of	Each	Disburse	emen	t this F	erio	d
	Purpose of Disbursement 2006 Primary		_						. 1	0.000	00	
	Candidate Name Kennedy Mark			egory/ ype								
	Office Sought: X House Disburs	ement For: 2006  Primary General		<u> </u>								
	State: MN District: 06	Other (specify)										
<b>5</b>	Full Name (Last, First, Middle Initial)							665686	050	92852	289	787
э.	Mark Kennedy 06				Date o	f Dis			,	· · · ·	V	
	Mailing Address PO Box 49333				0 9	/	2	9 /	Ż	0 Ď 5	_	
	City Blaine	State Zip Code MN 55449			Amour	nt of	Each	Disburse	emen	t this F	erio	d
	Purpose of Disbursement 2006 Primary			•		_			2	2000.0	00	
	Candidate Name Kennedy Mark			egory/ ype								
	· -	ement For: 2006  Primary General  Other (specify)										
). D.	Full Name (Last, First, Middle Initial) Mark Kennedy 06				Transa Date o			967491	050	90238	340	784
					M 0 N		D	6 /	ÝÝ	0 ŏ 5	Υ	
	City Blaine	State Zip Code MN 55449			Amour	nt of	Each	Disburse			-	d
	Purpose of Disbursement 2006 Primary								0	0.000.0	)0	
	Candidate Name Kennedy Mark			egory/ ype								
	Senate >	ement For: 2006  ( Primary General Other (specify)										
	State: MN District: 06				_	_						_
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ITE	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	л пу о	´ <b>–</b>	X 23 28b	24 28c		25 29	_	26 30b
	Information copied from such Reports and Statem											
	or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any political	COITII	millee lo	SOIICI	t Contrib	utions in	om such	COMM	шиее		
\	American Academy of Ophthalmology Inc	Political Committee (OP	HTH	PAC)								
	Full Name (Last, First, Middle Initial)					Transa	tion ID:	: 549172	20509	90238	111	<u></u>
٦.	Matheson for Congress						Disburs		v · v	V	V	
	Mailing Address 677 South 200 West Suite A					0 9	J C	6 /	' <u>2</u>	0 0 5		
		State Zip Code UT 84101				Amount	of Each	Disburs	ement	t this P	eriod	_
	Purpose of Disbursement 2006 Primary								. 1	0.000	0	
	Candidate Name Matheson Jim			egory/								
	X X	ement For: 2006 Primary General Other (specify)		<i>.</i> .								
	Full Name (Last, First, Middle Initial)					Transa	tion ID	06100	OFO	00157	006	
_	Mike Bilirakis for Congress						Disburs	: 061925 ement				∠1
	Mailing Address PO Box 1077					0 9		4	2	0 Ď 5		
	,	State Zip Code FL 34688				Amount	of Each	Disburs				7
	Purpose of Disbursement 2006 Primary								-2	500.0	0	_
	Candidate Name Bilirakis Michael			tegory/ type								
	Senate X President	ement For: 2006 Primary General Other (specify)			ı	Jncash	ed Cor	ntributio	n			
	State: FL District: 09  Full Name (Last, First, Middle Initial)											
_	Mike Bilirakis for Congress					Date of	Disburs					13
	Mailing Address PO Box 1077					0 9	/ D	9 /	ž	0 Ď 5	Y	
	,	State Zip Code FL 34688				Amount	of Each	Disburse	ement	t this P	eriod	_
	Purpose of Disbursement 2006 Primary								2	500.0	0	
	Candidate Name Bilirakis Michael			tegory/								
		ement For: 2006 Primary General Other (specify)		×1								
	IBTOTAL of Disbursements This Page (optional) .			•			* *		10	0.000	0	ī
- 30	OTAL OF DISDUISCING IES THIS T AGE (OPTIONAL)			•	•		• •		-	•	-	Ŧ.
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or for commercial purposes, other than using the nar  NAME OF COMMITTEE (In Full)	le and address of any political co	ommuee to s	SOIICIL COTILTII	outions fro	om such c	ommittee	
American Academy of Ophthalmology Inc	Political Committee (OPH	THPAC)					
Full Name (Last, First, Middle Initial)						05092852	297337
Mike Dewine for Us Senate				f Disburse		V V	V
Mailing Address PO Box 340188			0,0		9 / Y	ž 0 0 5	
City Columbus	State Zip Code OH 43234		Amour	t of Each	Disburse	ment this P	eriod
Purpose of Disbursement	011 43234					1000.0	00
2006 Primary							
Candidate Name DeWine Mike		Category/ Type					
	ement For: 2006  C Primary General						
President	Other (specify)						
State: OH District: 00							
Full Name (Last, First, Middle Initial)  Norwood for Congress				ction ID: Disburse		05091546	326758
			M N	_	9 / Y	ž 0 0 5	Υ
Mailing Address PO Box 499			0 9	1	9	2005	
City Evans	State Zip Code GA 30809		Amour	t of Each	Disburse	ment this P	eriod
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2006 Primary							
Candidate Name Norwood Charlie	'	Category/ Type					
9 17	ement For: 2006						
Senate President	C Primary General Other (specify) ▼						
State: GA District: 10	Curior (opeony)						
Full Name (Last, First, Middle Initial)  Pete Sessions for Congress 2006						05090237	29030
Fele Sessions for Congress 2000			M M	f Disburse		Y . Y .	Υ
Mailing Address Post Office Box 38585			0 9	0	6 / Y	Ž 0 Ď 5	
City Dallas	State Zip Code TX 75238		Amoun	t of Each	Disburse	ment this P	eriod
Purpose of Disbursement 2006 Primary		•	T L.			1000.0	00
Candidate Name Sessions Pete	-	Category/ Type					
	ement For: 2006	> I* -					
Senate President	Char (anality)						
State: TX District: 32	Other (specify) ▼						
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name									S
$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc									
۹.	Full Name (Last, First, Middle Initial) Republican National Committee			Date	e of D	isburs				_
	Mailing Address 310 First Street Southeas	st		0,8	) "		22	2	0 Ď 5	
	•	State Zip Code DC 20003		Amo	unt o	of Each	Disburs	ement	t this F	Period
	Purpose of Disbursement 2005 Contribution							5	000.0	00
	Candidate Name		egory/ ype							
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)								
3.	Full Name (Last, First, Middle Initial) Rogers for Congress					ion ID:	: 00037	10509	92852	281384
	Mailing Address Post Office Box 581			0 <sup>M</sup> S	М		2 9 /	Y Y	0 Ď 5	Y
	City Brighton	State Zip Code MI 48116		Amo	unt o	of Each	Disburs	ement	t this F	Period
	Purpose of Disbursement 2006 Primary	WII 40110						1	000.0	00
	Candidate Name Rogers Mike		egory/ ype							
		ment For: 2006 Primary General Other (specify)								
<u> </u>	Full Name (Last, First, Middle Initial) Roskam for Congress Committee					ion ID:	: 16385	2050	9023	713596
	Mailing Address 1919 Briarcliffe Boulevar	d			) M		06 /	Y Ž	0 Ď 5	Y
	City Wheaton	State Zip Code IL 60187-8573		Amo	unt o	of Each	n Disburs	ement	t this F	Period
	Purpose of Disbursement 2006 Primary							1	000.0	00
	Candidate Name Roskam Peter		egory/ ype							
	ů X	ment For: 2006 Primary General Other (specify)								
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam										;	
OI 1	NAME OF COMMITTEE (In Full)	e and address of any political	COITII	initee to	SOIIC	it Contint	JULIONS II	TOTTI SUCTI	COITII	muee		
	American Academy of Ophthalmology Inc	Political Committee (OP	HTH	PAC)								
	Full Name (Last, First, Middle Initial)					Transa	ction ID	: 98724	4050	91546	513	42
٩.	Schwarz for Congress						Disburs / D		V V		V	
	Mailing Address Post Office Box 2063					0 <sup>M</sup> 9 M	] / [ ]	19 /	2	0 Ď 5		
	City Battle Creek	State Zip Code MI 49016				Amoun	t of Eacl	n Disburs			-	k
	Purpose of Disbursement 2006 Primary								1	500.0	0	
	Candidate Name Schwarz John			egory/ ype								
	X	ment For: 2006 Primary General										
	President	Other (specify)										
	State: MI District: 07 Full Name (Last, First, Middle Initial)				-							
3.	Texans for Henry Cuellar Congressional C	ampaign					ction ID Disburs	: 21400 sement	1050	91546	829	83
	Mailing Address 1519 Washington Street 2nd Floor Suite 200					09	/ D	19 /	<sup>Y</sup> 2	0 ŏ 5	Υ	
	City Laredo	State Zip Code TX 78042				Amoun	t of Eacl	n Disburs	emen	t this P	erioc	1
	Purpose of Disbursement 2006 Primary								1	0.000	0	
	Candidate Name Cuellar Henry			egory/ ype								
	X	ment For: 2006 Primary General Other (specify)										
	State: TX District: 28											
Э.	Full Name (Last, First, Middle Initial) Tiberi for Congress						ction ID Disburs	: 39372 sement	4050	90238	267	'23
	Mailing Address 2021 E Dublin Granville Suite 2000	Road				0 <sup>M</sup> 9 M	/ D	06 /	Ý Ž	0 Ď 5	Υ	
	City Columbus	State Zip Code OH 43229				Amoun	t of Eacl	n Disburs	emen	t this P	erioc	1
	Purpose of Disbursement 2006 Primary								1	0.000	0	
	Candidate Name Tiberi Pat			egory/ ype								
	· -	ment For: 2006 Primary General Other (specify)										
S	UBTOTAL of Disbursements This Page (optional)			•	•				3	500.0	0	7
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ΙT	EMIZED DISBURSEMEN		category of the	21b	y one) ☐ 22	1 24   □ 25   □ 26
		Detailed	Summary Page	27	28a 28b	28c 29 30b
	y Information copied from such Reports					
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$\backslash$	NAME OF COMMITTEE (In Full)					
1/	American Academy of Ophthalmo	ology Inc Political C	Committee (OP	HTHPAC)		
<u></u>	Full Name (Last First Middle Initial)			I		
A.	Full Name (Last, First, Middle Initial)					304370509023833637
	Tim Murphy for Congress				Date of Disbursem	
	Mailing Address PO Box 24551				09 06	2005
	City	State	Zip Code		Amount of Each D	isbursement this Period
	Pttsburgh	PA	15234			
	Purpose of Disbursement					1000.00
	2006 Primary					
	Candidate Name Murphy Timothy			Category/		
				Туре		
	Office Sought: X House	Disbursement For:	2006			
	Senate President	X Primary Other (spe	General			
	State: PA District: 18	Other (spe	ecity) 🔻			
_	Full Name (Last, First, Middle Initial)					
В.	Volunteers for Shimkus				Transaction ID: 7 Date of Disbursem	136300509023804483
	Volunteers for Shiffings				M M / D D	
	Mailing Address PO Box 5458				0 9 7 0 6	2005
	City	State	Zip Code		Amount of Each D	Disbursement this Period
	Springfield	IL	62705			
	Purpose of Disbursement			• •		1000.00
	2006 Primary					
	Candidate Name Shimkus John			Category/		
		l		Туре		
	Office Sought: X House	Disbursement For:	2006			
	Senate	X Primary	General			
	State: IL President  District: 19	Other (spe	eciiy) 🔻			
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 95/96			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one)  22 23 24 25 26  X 28a 28b 28c 29 30b			
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam						
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
	American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)						
۹.	Full Name (Last, First, Middle Initial)			Transaction ID: 46940-44872683286667			
	W. Jackson Iliff			Date of Disbursement			
	Mailing Address Suite 7 4 W Rolling Crossroads			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City Catonsville	State         Zip Code           MD         21228-6280		Amount of Each Disbursement this Period			
	Purpose of Disbursement PAC refund		500.00				
	Candidate Name	C	Category/ Type				
	Office Sought: House Disburse	ement For:					
	Senate	Primary General					
	President	Other (specify)					
	State: District:						

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TOTAL This Period (last page this line number only)	<u> </u>	500.00

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Form/Schedule: <b>F3XA</b> Transaction ID:	This amended report includes previously missing Employer and Occupation information required for Itemized Reciepts.						